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ABSTRACT

This document was designed to be used as a narrative compendium of current research in the area of child abuse and neglect, and as a research/reference aid to specific topics in the study of child maltreatment. Within each section heading, new publications are briefly described and their most important findings are highlighted, referenced by the author's last name. Each chapter includes a bibliography in standard form and the Clearinghouse on Child Abuse and Neglect Information identification number for readers wishing to contact the clearinghouse for assistance in locating a work. Entries are classified under the nine chapter headings of: (1) Of General Interest; (2) Current Research in Social Work and Child Protective Services Practice; (3) Current Research in the Law of Child Abuse and Neglect; (4) Current Child Abuse and Neglect Research for Mental Health Professionals; (5) Current Child Abuse and Neglect Research for Law Enforcement Professionals; (6) Current Child Abuse and Neglect Research for Educators; (7) Current Child Abuse and Neglect Research for Medical Professionals; (8) Publications for Parents and Children; and (9) Ongoing Child Abuse and Neglect Research. A subject index to the research review is included. (NB)

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# Review of Child Abuse and Neglect Research, 1985

November 1986

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Office of Human Development Services
Administration for Children, Youth and Families
Children's Bureau
National Center on Child Abuse and Neglect
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# REVIEW OF CHILD ABUSE AND NEGLECT RESEARCH, 1985

Lucy Alf Younes
November 1986

Clearinghouse on Child Abuse and Neglect Information
P.O. Box 1182
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# INTRODUCTION

In enacting the Child Abuse Prevention and Treatment Act (CAPTA, Public Law 93-247, as amended) which established the National Center on Child Abuse and Neglect (NCCAN), Congress prescribed the duties of NCCAN, listing first the mandate that NCCAN "compile, analyze, publish, and disseminate a summary annually of recently conducted and currently conducted research on child abuse and neglect." (Section 2(b)(1)). To meet this mandate, NCCAN each year has prepared, through its Clearinghouse on Child Abuse and Neglect Information, Annual Reviews of Research. Research Review 1985 is this year's effort toward meeting this mandate.

## Change from Earlier Reviews

However, Research Review 1985 represents a departure in content and structure from past Reviews. The Clearinghouse on Child Abuse and Neglect Information operates a computerized database which contains, among its other components, continuously collected documents, including court cases and reports of ongoing research projects. These documents are abstracted and entered into a database system that permits information on specific topics to be consolidated.

In examining the Clearinghouse document collection and based on experience in preparing the annual research reviews, the scope of "research" to be reviewed has been reevaluated. For past Reviews, "research" was defined as:

> A systematic examination, investigation, or inquiry, which proceeds under a well-defined procedure or methodology, uses a known system of measurement, and documents findings based on empirical data.

The works that were selected for review under these criteria were primarily of academic interest, since this definition of research is in keeping with scholarly or scientific-method concepts of research. While this concept of "research" is valid, our experience and desire to provide complete and current information to all interested in the problems of child abuse and neglect has led to a reexamination of work that constitutes "research."

Originally, Reviews contained information on studies selected according to the above definition of "research." Later, a "Legal Issues" chapter was added, in which the court cases subfile, which contains judicial opinions in regard to child maltreatment matters, was included in the information discussed. The inclusion of court cases sparked the reevaluation of materials to be reviewed because, while judicial opinions do not fit within the original concept of research, they are in essence the research tools and products of the legal profession. Thus the question arose as to whether research tools or products for other professional disciplines had been excluded under the original definition of research. Our conclusion was that all materials written for professionals and others interested in the problems of child maltreatment are either research tools, as having the potential for building upon or expanding the breadth of knowledge concerning a particular child maltreatment-related topic, or research products, as applications of what has been learned in prior research endeavors conducted perhaps using the scientific methodology that characterizes the earlier concept of research. Therefore, for example, a journal article for nurses that discusses how to identify child abuse victims, as either the potential foundation for traditional research into the initial diagnosis of abuse or as the product of earlier traditionally viewed research in this area, may be considered "research" as much as what was considered research in the past.

For this reason, the concept of research has been expanded with this *Revie* to include all publications or ongoing inquiries that deal directly with some aspect of child maltreatment, such as definition, incidence or prevalence, etiology, prevention, treatment, or sequelae and represent substantive contributions to the body of knowledge concerning child abuse and neglect. Because this new concept of research parallels the selection criteria for inclusion of documents into the Clearinghouse database, all of the over 700 documents and al reports of ongoing research received from January 1, 1985 to December 31, 1985 by the Clearinghouse for inclusion in the database are examined in this *Research Review 1985*.

This change in the contents of the annual research review necessitates change in its structure. After the information to be contained in earlier *Reviews* was selected, it was categorized and discussed in six chapters: definitions, incidence/prevalence, psychosocial forces, child protective intervention, prevention and treatment, and sequelae/effects, with legal issues added later as mentioned. These chapter headings constitute the categories into which traditionally viewed research is generally divided. Beginning with this *Review*, the initial sorting of information to be reviewed has been conducted according to the professional discipline for which a given publication was written, with the guiding criteria of which audience would be most interested in the information and discoveries presented. The professional categories for these chapter headings are social work or child protective service (CPS), the mental health professions, medicine and the health professions, law and legislation, law enforcement, and education.

The study of child maltreatment itself is more often cross- or multidisciplinary in nature, so that over one-third of the documents to be reviewed are either of general interest or of interest to two or more professional categories. Most, if not all, of the materials that would have made up the contents of earlier *Reviews* are in this category. To best present these documents the chapter headings of earlier *Reviews* have been used to subdivide the general interest chapter; its subchapter headings have now become definitions, incidence or prevalence, psychosocial forces or the dynamics of family dysfunction, prevention, treatment, and effects/sequelae, with additional subheadings as required by the material. In addition to Chapter I: Of General Interest, a chapter for information written specifically for parents and children is included to summarize what has been learned by and for families themselves. The final chapter reviews ongoing or beginning research. With these three exceptions, then, *Research Review 1985* is structured by professional category.

By putting child maltreatment research into the context of the professional discipline or the audience for which the publications were written, *Research Review 1985* is designed to assist in bridging the gap between theory and application, and provide the reader with a resource organized for easy reference.

## How to Use This Review

*Research Review 1985* is designed with two uses in mind: as a narrative compendium of current research, and as a research/reference aid to specific topics in the study of child maltreatment. Its contents are structured for bo uses. Within the appropriate section heading, each of the new publications is briefly described and its most important finding highlighted, referenced by the author's last name. Each chapter concludes with a bibliography in standard form (author, title, publication information) and the Clearinghouse identification numbers (CD - #), should the reader need to contact the Clearinghouse for assistance in locating a given work.

As a narrative compendium of current research, the *Review* may be read either in its entirety, or the chapter of professional interest may be read to discover which issues and topics have received research attention in the past few years. The substantive content, therefore, provides insights into trends and areas of interest in the study of child abuse and neglect, both generally and in specific disciplines. Also, with its emphasis on study results, new developments and findings are presented again with the general interest and more specialized reader in mind.

As a reference/research aid, this *Review* may be used to learn of the most recent developments in the specific area of interest, without reading the *Review* in its entirety. The substantive contents of each section are identified with reference headings, which are listed in the Table of Contents. A reader with a particular question in mind may refer to this Table, and then to the substantive portion of text. The references in the text to the authors as listed in the bibliography then provide the reader with a summary of the most recent work in a given area. To cite just one possible example of this use as a reference aid, a reader interested in setting up a community-based, multidisciplinary child sexual abuse treatment program would need to know of similar endeavors in other locales. Quick reference to the Table of Contents and the headings in Chapter I "General Studies of Child Sexual Abuse and Exploitation" and its subheading "Treatment" lead that reader to descriptions of such programs, and reference to the bibliography provides a list of readings for more detailed information. In keeping with the Congressional mandate to disseminate current information on child maltreatment and the underlying philosophy of that mandate to enlist all of those concerned with our future and our most precious natural resource, our children, in the fight against child abuse and neglect, this new format is intended to be of interest to a broad spectrum of readers in its balancing of essentially academic information with a practical reference format. Because a given chapter may be read alone, an interested professional can keep abreast of the most recent developments in his or her field or quickly refer to an aspect of maltreatment without having to skim information extraneous to the question at hand. Parents and children are provided with the most recently available published resources designed to assist them in strengthening their families, preventing family dysfunction, or coping with this problem, with these resources discussed and listed together. With this new approach to the dissemination of current findings, *Research Review 1985* is intended to be a useful tool in the effort to identify, treat, and prevent child abuse and neglect.

# CHAPTER I

## OF GENERAL INTEREST...

Research into the many aspects of child abuse and neglect, whether in the form of scientifically conducted studies, literature reviews, treatises, or other methodologies, most often has application to everyone interested in preserving our families and protecting our children. Also in recognition of the need to work together for children, a given examination of a specific child protection topic may be directed toward and have implications for two or more professional disciplines. For these reasons, it is not surprising that of the over 700 documents received by the Clearinghouse on Child Abuse and Neglect in 1985, over one-third are of general interest.

Studies that explore the aspects of understanding child abuse and neglect, such as those that seek to define maltreatment, measure its incidence or prevalence, explain the etiology or causes, shed light on prevention techniques, discuss treatment approaches, or describe its effects or sequelae, begin this discussion. While many of these studies discuss the general types of child maltreatment or without specific reference to type, some are directed solely at the sexual victimization of children and the care of children in institutions or residential facilities. Those studies are reviewed together.

Publications of general interest that focus on particular perspectives, such as from an international or cultural view, in regard to specific populations, or from an historical stance, will be presented from those perspectives. Writings on ethical issues and public policy constitute another discrete subsection of this chapter, as do general works on domestic violence and families in crisis. These subsections are intended to provide the reader with rapid access to the particular topic within the body of current research of interest to all.

### ...In the Study of Child Abuse and Neglect

Nine publications present reports on various types of child maltreatment, or discuss multiple aspects of the problem. A compilation by Harris and Sneed summarizes the 117 workshop sessions of the NCCAN-sponsored Sixth National Conference on Child Abuse and Neglect, which was held in September 1983. This conference enabled professionals and volunteers working with abused and neglected children and their families to share information on a wide variety of child protection topics, including children in residential or out-of-home care, prevention, developmental disabilities, child sexual abuse, research issues, military family advocacy, treatment, adoption, self-help programs, legal issues, cultural or minority concerns, child and family advocacy, and resource development for community-based programs. Additional subjects discussed in workshops and panel discussions were child protection intake, investigations, supervision, management, parental responsibility in prevention and treatment, child neglect protection and treatment issues, domestic violence and alcohol abuse, cultural differences in parenting, and child fatalities.

The proceedings of a symposium held in Washington, DC, in December 1983, as presented by Rachman and Wilson, report on a variety of behavioral, learning-theory based approaches to the study, treatment, and prevention of child abuse. Papers presented at this symposium discussed behavioral research barriers and solutions and studies with practical implications for parent education and training programs. Clinical approaches, research findings, and theory are also discussed, as are public policy issues, in a book by J.H. Meier that examines assaults against children from an incidence and prevention viewpoint. A chapte of particular interest from this book defines child assault, presents a multifactorial model of its dynamics, reviews prevalence data, and discusses identification, reporting programs, and treatment. Research sponsored by NCCAN, as presented in a collection by Rizley and Cicchetti, of studies on the etiology, treatment, and prevention of child maltreatment, also provides a scholarly approach to the study of child abuse and neglect. Studies included in this collection suggest that maltreatment is the product of ineffective attempts to cope with intrapersonal, intrafamilial, and extrafamilial sources of frustration and conflict. Cicchetti also independently authored a report describing the purposes, research design, and methodology, as well as the future direction of the Harvard Child Maltreatment Project, which examined the etiology, intergenerational transmission, and sequelae of child abuse. One finding in Cicchetti's work is supported by Martin's literature review of current knowledg and theory relating to physical and sexual abuse and neglect: that physical abuse is more closely associated with psychological and interpersonal difficulties than neglect. Martin describes research findings which indicate that neglect appears to be more directly related to environmental factors such as poverty. Sexual abuse, like physical abuse, appears to be related to psychological interpersonal difficulties of the parent. Differences among child abuse, physical abuse, sexual abuse as well as spouse abuse are also among the issues examined in a series of short essays presented and published by Atcom, Inc.

For readers unfamiliar with the study, issues, or problems of child maltreatment, O'Brien has prepared a booklet that discusses its incidence and types, intergenerational patterns, and reporting requirements, and suggests individual and long-term solutions. While differing in tone and style of presentation from many of the works cited above, this booklet shares their common focus of providing information on a broad range of topics, aspects, and concerns related to child abuse and neglect.

Definitions. Two new studies that focus primarily on defining maltreatment include a review of research conducted by the Center for Health Promotion and Education (CHPE) that also examined child abuse reporting bias, and the incidence and patterns of child homicide. In examining the variability of definitions of child abuse, CHPE found, as author J. Jason notes, that definitions vary widely because abuse is societally defined, are affected by subjective criteria, and have broadened over the past 20 years. Valentine, Acuff, Freema and Andreas examine child maltreatment from legal, medical, and social work perspectives and highlight the varied definitions of maltreatment. Vague definitions of child maltreatment are contrasted with precise definitions, bro definitions with restrictive ones, and family autonomy with protection of individual rights. Their article concludes that two major characteristics emerge as common to conditions defined as child maltreatment: a clear and identifiable harm or injury to the child and evidence of clear intent on the caregiver's part to produce injury or harm.

## Incidence and Prevalence

The most extensive of the eight studies that describe the incidence and/or prevalence of child maltreatment is the Russell and Trainor report from the

American Humane Association (AHA) which synthesizes data from the AHA's annual national studies of officially reported child abuse and neglect for the years 1976 through 1982. Among the findings in this report is that the number of child abuse reports increased by 123 percent over this 7-year period. The characteristics of children and families who are subjects of official reports are also presented and statistically analyzed. The AHA's 1983 National Study on Child Abuse and Neglect Reporting was also received by the Clearinghouse in 1985, in a presentation of its highlights which address characteristics of reporting to child protective services (CPS), CPS cases, and CPS responses to maltreatment reports.

Another countrywide survey by the National Committee for the Prevention of Child Abuse (NCPCA) addressed the incidence of maltreatment and CPS caseloads as related to general economic distress and reduction in Federal funding for State child protection programs in 1982 and 1983. Specific data on the increase in reports and in CPS caseloads in various States are provided. This working paper concludes that State CPS agencies are significantly affected by State and Federal spending reductions.

An international child abuse incidence study is reported by Caplan, Watters, White, Parry, and Bates. In this study, data from 422 Toronto child welfare agency and children's hospital child mistreatment case files for 1973-77 were compared to data on patterns reported in previous clinical and research studies of abused children in Canada, England, and the United States to determine similarities. Findings indicated similarities in the 1973-77 study and those done in the 1960's and 1970's regarding child, parent, and family variables and in precipitating and long-term factors. Similar variables included child's mean age (about 4-years), parents' emotional/ behavioral problems, child's behavior as a precipitating factor, and the mother's recent confinement. The findings differed from previous studies in showing lower incidences of such problems as perinatal difficulties in the children, intellectual limitations and social isolation in the parents, and a higher incidence in single-parent families. These differences might be explained by the large sample size and by the increasing awareness of child abuse resulting in the reporting of 'less serious' cases. The authors conclude by noting that research problems that may be encountered in future studies include variability of abuse and neglect definitions and the relative inaccessibility of abusers in middle-class and upper-class families.

Another of J.H. Meier's contributions to child maltreatment research is a comparison of incidence data from the Village of Childhelp in Los Angeles County with national incidence data from the AHA's National Study. Graphs present statistics that include categorization by type of maltreatment, source of initial reports, family income, family factors involved in serious assault, percent of families that had received other social services, and the age and sex of perpetrators.

Incidence findings were used as the basis for prevalence studies, as in a profile of maltreated youth, ages 12 to 17, and their families by Olsen and Holmes. Among the findings of this NCCAN-sponsored research was that in 1980, 192,000 youth were known to be maltreated, representing 42 percent of all reported cases. Another study, which sought qualitative information from a subsample of the 4,052 child maltreatment cases reported to the Committee for Youth Protection in Quebec, Canada, included the finding that 84 percent of the children suffered from repeated abuse, as reported by author G.M. Martin. The rate of abuse of the children of battered women was one of the questions discussed in the Giles-Sims study of programs for these mothers. Another report by Alvarez, with McMahon, Gelfand, Latkowski, and Ferre, presents the results of a study to determine the prevalence rate of maltreatment among children hospitalized for psychopathology. They found that these children suffered abuse at a rate 30 times greater than the norm for the general population.

## Etiology: The Dynamics of Family Dysfunction

Twenty documents report current findings on family and individual characteristics that are seen as precipitating child abuse and neglect.

Family Function and Dysfunction. In examining the dynamics of family dysfunction, insight into the functioning of nonabusive families is also gained, as in the literature review by J.M. Kassees that found that normal and abnormal families share common behaviorial patterns, and that the critical factor in dysfunction is the point of a behavorial continuum that defines the family's level of interaction. However, in an analysis of matched samples of 27 abusive and nonabusive families, Lorber, Felton, and Reid found support for the assertion that abusive families function within a coercive family system. Whether the functioning of families of abuse is structurally different or not, researchers agree that the examination of child abuse within the context of the family structure is important for understanding this problem, as emphasized by Schaefe Briesmeister, and Fitton, in their work on family therapy techniques. Zimrin concurs that parents and children influence one another in both their personality traits and behavior, and uses a case example to illustrate this interaction in a child abuse situation. Case examples from history, including Adolp Hitler, are used by Miller to illustrate child-rearing practices that may foste destructive tendencies toward self and others. Tutzayer's construction of a formal mathematical model of child abuse based upon elementary catastrophe theory implicates the role of communication in the etiology of abuse, offers an explanation of some contradictory findings in this area, and generates new research questions for further study. As these works all illustrate, the study of family interaction and child-rearing practices is important for understandin the causes of child maltreatment.

Parent Characteristics. In a study by Perry, Wells, and Doran, 55 parents representing 37 families were matched against 37 nonabusive families to examine the individual characteristics that may contribute to abuse. In addition to identifying certain distinguishing factors such as the lower self-esteem of mothers in abusive families and less family cohesion felt by both parents in these families, this study stressed the importance of evaluating characteristics of mothers and fathers separately, of clearly identifying the perpetrating parent, and of studying the spouse of the perpetrator.

The mother is the parent who is most often the subject of studies concerning the relationship between parental characteristics and child maltreatment. Eight studies report on maternal characteristics, with the age of the mother often being considered a factor in determining the risk of maltreatment. Sugar found, in a book on adolescent parenthood, that the infants of teenage mothers, particularly single mothers whose children's fathers are absent, are significantly at risk. Gagan, Cupoli, and Watkins found in a study of social determinants in organic and nonorganic failure-to-thrive (FTT) cases, that adolescent motherhood and socioeconomic status, while important, were not determinant. Miller's investigation of the relationship between adolescent childbearing and the incidence, type, and severity of maltreatment revealed that children of teenage mothers were far more likely to suffer physical neglect than were children of older mothers. Also, maltreatment inflicted by these mothers or mothers over 55 years old was more often assessed as serious than moderate. A hopeful note to all of these findings is seen in Egeland's work in infant-mother attachment, where changes toward secure attachments did tend to reflect the growth and increasing competence of young mothers.

In a study by Estroff, Herrera, Gaines, Shaffer, and Gould which matched mothers of maltreated children with mothers of children referred to a New York City general child psychiatry outpatient clinic to examine the relationship between abusive mothers and their children, both sets of children were perceived as equally disturbed and noncompliant by their mothers, and maltreated children were more often described as extremely deviant relative to their own siblings. This study concludes that perceived child behavior was strongly associated with self-reported maternal psychopathology. On the other side of the world, in an Australian study by Oates, Forrest, and Peacock, comparison of abusive and nonabusive mothers of similar socioeconomic circumstances revealed that the former were less likely to have been reared by their own parents, had more negative feelings toward their fathers, were more likely to have received help for an emotional disorder, had higher expectations for their children, perceived a greater number of personality problems in their children, and were more likely to have assertive, demanding, and suspicious personality traits. Bousha and Twentyman compared interactional patterns demonstrated by abusive and neglectful mothers and their children with those of a control group. Their sample consisted of 12 mothers with a known history of child neglect, and 12 mothers with no known history of child abuse, all of whom were recruited from local day care and social service centers, and matched with control mothers on several demographic variables. Analysis of the data revealed several differences between maltreating mothers and the control group. Dysfunctional mothers showed significantly fewer positive behaviors on verbal and nonverbal measures than the controls. The abusive mothers showed significantly higher rates of verbal and physical aggression, and the neglectful mothers the lowest overall rates of interaction. Shorkey and Armendariz also studied the personality characteristics of abusive versus nonabusive mothers in their investigation of the relative effectiveness of a selected set of personality measures. They found that the Rational Behavior Inventory (RBI) showed the most differences between the two groups of mothers and that two other personality measures, for negativism and anomie, also discriminated significantly between the two groups.

Environmental Factors in Maltreatment. Other factors that were examined for their relationship to abuse and neglect are stress, including economic hardship, child's birthweight, and divorce. Justice and Calvert found that abusive parents were found to have significantly greater stress, but when compared to nonabusive parents under equally high stress, were much more likely to use violence as a response or as an attempt to "solve" a problem. Low family income and the mother's report of having been abused as a child were found in Webster-Stratton's study to be the most potent variables discriminating abusive from nonabusive families. Income was also found to be of significance to abuse by Herrenkohl, Herrenkohl, Toedter, and Yanushefski, who also found maltreatment to be associated with more parental rejection and less child warmth, over and above the effects of income level.

A single report by Benedict and White on child factors discussed a study o birthweights, gestations, and lengths of hospital stays of infants who were subsequently compared with control children matched on age, sex, race, and mother's education. Low birthweight children were estimated to have a risk of reported physical abuse twice as great as normal birthweight children.

A final study of environmental factors in abuse compared the frequency of abuse between single-parent and two-parent households. Abuse was nearly twice as frequent in the former, and in households broken by divorce rather than separation or death. Sack, Mason, and Higgins continue, noting that statistically significant abuse differences were found when the father was not the most compatible parent, indicating that a measure of parental compatibility holds regardless of the number of parents in the household, reason for the family breakup, and sex of the single parent, suggesting that parent-child punishment patterns established before a divorce persist after.

## Prevention

The need to focus on prevention in child maltreatment research is the subject of Krugman's article that deals with the current state and coming frontiers in the struggle against child abuse and neglect. This theme is echoe in Gabinet's articles, which argue that current modalities for treating abuse and neglect are not solving the problem because many high risk and abusive families do not get help and that child abuse can be most effectively prevented by recasting it as part of the larger problem of inadequately parented families. Williams also stresses that importance of prevention, and sees primary prevention as the only means of eradicating the problem. In Howze and Kotch's research, implications for the primary prevention of child maltreatment are drawn from an application of Garbarino's ecological model to the impact of stressful life events. Based on their analysis, these authors suggest that existing support systems can be strengthened to increase a family's ability to cope with untoward events before these events become stressful. In addition, it is suggested that advocacy activities which support children and families can be major components in the primary prevention of child abuse and neglect.

The calls for attention to prevention are met with a wealth of materials that describe or discuss prevention techniques, such as McNulty's guidebook for citizen groups and community services and Freidman, Sale, and Weinstein's booklet describing how adequate, comprehensive, and quality child care programs can significantly contribute to prevention. One of the products of the Fifth International Conference on Child Abuse, which will be discussed later in this chapter, was a program book that includes discussion of prevention program techniques. Gabbini uses a case history to illustrate prevention concepts, and included in Wolfe and Manion's paper is a discussion of a prevention program fo at-risk parents. Wolfe also reviews several areas of parental and child functioning which can be operationally applied to child abuse prevention, with an emphasis on remediating behavioral deficits that may contribute to abuse. Chil neglect prevention is the topic of Lally's article, which proposes a systems approach that provides intervention at the levels of the individual, social systems, and cultural values. Finally, Tertinger, Greene, and Lutzker's home accident prevention inventory, which was validated and used to assess children' exposure to hazardous items in the homes of families being treated for abuse is presented, as is a streamlined version of this program by Barone, Greene, and Lutzker.

## Treatment

Broad-based research of general interest in the treatment of dysfunctional families, abusive or neglectful parents, or maltreated children was the subject of 26 documents received by the Clearinghouse in 1985. These studies either discuss research findings on treatment issues or describe specific treatment programs. An additional six publications describe multidisciplinary teams, a popular treatment approach.

Of Dysfunctional Families. The data source for seven reports on treatment research was an NCCAN sponsored 3-year demonstration program of specialized treatment for those affected by sexual abuse, adolescent maltreatment, substance abuse-related maltreatment, child neglect, and remedial services for maltreated children, as realized through 19 nationwide demonstration projects. Urban and Rural Systems Associates reported a summary of activities from October 1, 1979, through March 31, 1980, in June 1980; Berkeley Planning Associates reported a resource allocation study in September 1981 and an overview of the projects' internal evaluations and a qualitative study of cases, both in June 1982; also, an evaluation of the demonstration projects serving families involved in child neglect in June 1983; and an evaluation of all of the demonstration projects in November 1983. Herner and Company provided data tape documentation of these demonstration projects in November 1983.

Other projects aimed at the treatment of dysfunctional families which were described in recent publications are the Arizona Community Development for Abuse and Neglect (ADCAN) project and the Home-SAFE (Services Aiding Family Equilibrium) in Los Angeles, California. The objectives of the ADCAN project, a 3-year demonstration program, were to raise public and professional awareness of the problems of maltreatment, to identify and develop resources and assess family needs, and to provide training, technical assistance, service coordination, and general advocacy. The Home-SAFE project, as Lloyd describes, was a model program aimed at combining family day care and mental health services in a comprehensive program for single-parent families.

Parish, Myers, Brandner, and Templin described a program that focused on a therapeutic preschool setting for abused children in combination with concurrent group therapy and anger management technique training for their parents. These authors concluded that a program that involves both parent and child and focuses on their interaction appears to be effective in dealing with abusive families.

Of Abusive or Neglectful Parents. Nine reports either describe specific treatment programs for maltreating parents or evaluate treatment approaches. McDonough reviews a variety of treatment programs/intervention techniques aimed at both preventing adolescent pregnancy and avoiding after-the-fact child maltreatment. The value of Parents Anonymous (PA), a self-help program structured around meetings at which parents find understanding, mutual help, and friendship to help overcome their abusive tendencies, was described in two publications from PA Chapters in Austin, Texas, and the Province of Quebec, Canada.

Kelly's book describes a skills-training behavior change model for parents. While Cornell's critique of this book includes criticism of Kelly's parent-centered rather than family-centered treatment approach, such parent training treatment approaches are the subjects or recommendation of a number of researchers. These include Rivara, in whose studv of physical abuse of children under 2 nearly all parents were recommended for parent effectiveness training; Salzinger and others from the New York State Psychiatric Institute, whose examination of the differences between parents' and teachers' assessments of maltreated children's behavior suggested that parental training to improve understanding of children's behavior is an important treatment component; Dumas, whose study of parents participating in a parent training program warns of an increased probability for the ineffectiveness of training in the presence of disadvantage and/or insularity; and Egan, whose investigation of child management training for abusive parents found that parents who received this training were more likely to talk to their children in role-playing situations and were more likely to positively reinforce their children's obedience. Egan's study of clients of the Panel for Family Living in Tacoma, Washington, also investigated the effectiveness of stress management training and found that parents who received this training displayed more positive attitudes toward their children and their children demonstrated more positive attitudes toward them. Parents who received stress management training also reported less negative reaction to adverse life events and less conflict among family members.

Of Maltreated Children. Seven publications reported on research conducted to learn more about healing the scars of maltreatment in programs for children and one book concerns treatment for adults abused as children. Childhelp USA presents a monograph describing its development, growth, activities, and achievements, which includes The Village, a residential treatment program for abused children ages 2 through 8. Meier also describes this California-based residential treatment facility and outreach program, covering its beginnings as Orphans International, Incorporated, and its philosophy, services, clientele, and research efforts. Kunkel describes the program at the Rubicon Center, a group home for abused children in Fremont, California, and reports how the Center's activities, especially the backpacking program, have reduced the alienation experienced by the children by building bonds of trust. Lutzker, Frame, and Rice report on the clients, administration, funding, referral procedures, and treatment services of Project 12-Ways, an Illinois program that focuses on the multifaceted environmental factors that contribute to child abus and neglect and Lutzker and Rice also present a program evaluation report of this project. A case study of service provision by this program is used by Rosenfield-Schlichter and colleagues from Southern Illinois University at Carbondale to describe the ecobehavioral treatment of personal hygiene deficiences of neglected children. Artwork by children staying at the Safe Home for Abused Families in Nassau County, New York, was analyzed by Wohl and Kaufman, who advise that this means of expression can provide extensive information abou a child's cognitive and emotional development that is generally inaccessible in the early phases of treatment.

The sole new publication for adults abused as children that describes the treatment of general maltreatment is Gil's book, in which the author, a therapist who works with adults abused as children, points out adult behavior patterns that reflect coping, adaptive, and reactive behavior shaped by their abus as children. These adults are encouraged to come to terms with their experience, recognize these behaviors in themselves, and understand that they are not at fault for either these behaviors or the childhood abuse.

Multidisciplinary Teams. Hochstadt and Harwicke observe that the multidisciplinary approach to diagnose, evaluate, and plan treatment for child abuse victims and/or their families has been widely advocated and adopted by hospital and community-based protective service teams and in their study sought to determine how successful these programs were in obtaining requisite services, finding that indeed a large percentage of the services recommended were obtained. The Minnesota Department of Public Welfare surveyed the 87 counties of that State regarding the use, and if used, team formation, demographics, and composition; training; impediments to functioning; facilitating factors; issues and problems; benefits and disadvantages; and expenses of such teams, finding that 66 of the counties surveyed had currently functioning teams. Volpe, Mitton, and Breton explain the development, demonstration, and evaluation of a multidisciplinary training course for school teachers, social workers, and nurses who were training or already working with children.

Advocating the need to move beyond interdisciplinary team composition as a minimum criterion for multidisciplinary treatment approaches, Kovitz, Dougan, Riese, and Brummitt review the development and philosophy of a hospital-based multidisciplinary treatment program. Mills, Gravenor, and McRae describe another hospital-based program that involves the hospital, child welfare agencies, the police, and the justice system in case management and intervention and treatment strategies. Krugman also describes another hospital based program, whose core team consists of a physician, social worker, and coordinator, with consultation provided by a child psychiatrist, development specialist, adult psychiatrist, attorney, and public health nurse. A variety of additional professionals are also available for consultation on specific cases.

## Effects/Sequelae

Twenty-four publications document the tragic consequences of maltreatment by reporting on research undertaken to determine either how a child's development is affected or what the social or personal consequences are for those who had suffered maltreatment earlier in their lives.

Herrenkohl and colleagues at Lehigh University Center for Social Research have produced a four-volume report on a longitudinal study of the consequences of maltreatment on young children, particularly regarding intellectual and social development. Less extensive studies have addressed specific sequelae, including Allen's work on language development of abused children, Howes' study on the effects of abuse on the development of peer relationships; Smetana, Kelly, and Twentyman's investigation of the effect of maltreatment on children's moral judgments; and Cicchetti and Braunwald's study on the development of competence in maltreated infants.

The effects of maltreatment may be discovered in the course of studies of the characteristics of abused children, as in Perry, Doran, and Wells' study, which saw abuse and factors contributing to it as placing children at high risk for a variety of problems. The results of Slade, Steward, Morrison, and Abramowitz's study of learned helplessness in physically abused children revealed that compared to their nonabused peers, abused children showed no less persistence in working for rewards, made equivalent use of contingency information to maintain persistence, and assumed equivalent responsibility for success. However, they took less responsibility for failure. These results suggest that abused children perceive failure as relatively unrelated to their actions and may deal with anxiety produced by unmanageable harshness by projecting blame for their own shortcomings on the environment. The skill of abused children in identifying the emotions of others based on facial expressions was examined by

Camras, Grow, and Ribordy, whose findings suggest that abused children's social difficulties may be due partly to inaccurately perceiving others' emotions. However, the results of another study by Frodi and Smetana which examined young children's ability to discriminate emotions in other people found no differences in this ability among children who had experienced neglect, abuse, or no maltreatment, calling into question by these authors previous studies showing inferior performance by maltreated children on measures of cognition. The relationship between physical illness and maltreatment was examined by Sherrod and others at Vanderbilt University, while the correlation between mental illness and maltreatment was the subject of Monane, Leichter, and Lewis' study of psychiatrically hospitalized children.

The implication of Pearce and Walsh's literature review on physically abused children provides a dissenting opinion on some sequelae research, for they found that while differences between abused and nonabused groups are frequently assumed to be a consequence of abuse, retrospective comparisons of these children have indicated otherwise. Similarly, Sandberg's study of 150 juvenile delinquents concluded that child abuse is probably a complicating, contributing factor in delinquency rather than a direct cause.

Nonetheless, the extensive literature documenting the personal and social difficulties of those who had been physically abused as children suggests some correlation. The U.S. Senate's Committee on the Judiciary, Subcommittee on Juvenile Justice, heard testimony in October 1984, from professionals from the mental health, child development, and correctional fields, as well from an abuse victim, on the links between child abuse, delinquency, and adult criminal careers. Also, in Sandberg's NCCAN-sponsored study of 150 juvenile delinquents 66 percent had experienced childhood abuse. Research by Tarter and others from Pittsburgh University's School of Medicine, Department of Psychiatry, represents an extension of previous research, designed to ascertain the extent to which delinquents abused in childhood could be distinquished from delinquents who were not. Their investigation revealed that the former group were more likely to commit violent offences, have alcoholic and criminal parents, and be sexually abused. In the same vein, Schaffer and DeBlassie's study of adolescent prostitution revealed maltreatment as one of the factors contributing to a teenager's entering into prostitution.

Narrative chronicles of the tragic effects of abuse are found in Hester's autobiography, with Nygren; a composite novel by Engel on abuse and mental illness; and Anderson's novel of emotional disturbances rooted in childhood maltreatment. Noy and Sharron's study of the life and writings of Franz Kafka links the finding that the author was the victim of childhood abuse with his deviant self-identity as an adult.

Given the amount of research that suggests links between childhood abuse and problems in later life, Werner and Smith's research, which essentially asks, "why do some kids make it?" is particularly interesting. Their book, which reports on a longitudinal study begun in 1954 of 698 children who were exposed to various adverse conditions, concludes that the balance between risks factors, stressful life events, and protective factors within the child and the environment accounts for the range of adaptive and maladaptive outcomes in a child's development.

## Sexual Abuse and Exploitation

A substantial portion of the reports of research projects received by the Clearinghouse in 1985 focus specifically upon sexually related forms of child abuse, including incest, child molestation, child prositution, and child pornography. In addition to research directed at the general study of these forms of abuse, narrower examinations have been made into the incidence and prevalence, etiology, prevention, treatment, and sequelae aspects of sexual abuse and exploitation.

### General Studies

These studies provide overviews of the problems of child sexual abuse and exploitation generally, research methodologies, historical perspectives, or theoretical insights into these problems. In addition, general studies have been undertaken to delve exclusively into specific types of child sexual abuse, such as interfamilial sexual abuse or incest, pedophilia, or child pornography.

Four publications provide overviews of child sexual abuse issues. Major sections of Russell's book on sexual exploitation focus on child sexual abuse laws, its incidence and prevalence, and its causes. Summitt's chapter in Meier's book on assault against children, which was referred to earlier, provides an overview of child sexual abuse issues, examining the scope of the offense, its definitions and patterns, and stressing the need to diagnose and treat the child victim. The special report on children's sexuality prepared by Atcom, Incorporated, consists of 36 brief articles that examine research, theory, and social issues on child sexual abuse, incest, pedophilia, and other forms of sexual exploitation, with some discussion of physical abuse as well. Two special issues of the bulletin produced in 1984 by the Office of Congressional and Public Affairs of the Children's Hospital National Medical Center of Washington, D.C., focused on various aspects of sexual exploitation of children, with a report on a study of child sex rings; an article from a law enforcement perspective on the special problems caused by pedophilia, the connections among child sexual exploitation, prostitution, and pornography, and the relationship between offender and victim; a two-part series on the dynamics and effects of incest; and a report describing a Norfolk, Virginia, sexual trauma treatment program.

Another four articles discuss child sexual abuse from research, historical, or theoretical perspectives. Finkelhor's book provides theoretical and research perspectives in its examination of the nature and dynamics of child sexual abuse and its assessment of the social forces that shape public and professional attitudes toward this problem. This author, from New Hampshire University's Family Violence Research Center, also prepared, under NCCAN sponsorship, a paper that outlines methodological issues regarding child sexual abuse, specifically addressing concerns related to definitions, choice of study samples, creation of study design, selection of instruments, and protection of research subjects. The seven chapters of Lawton-Speert and Wachtel's literature review examine changes in the understanding of child sexual abuse from the early decades of the 20th century to the present, with an addendum that presents theories concerning the incest taboo. Much of the research handbook Burgess has compiled on rape and sexual assault includes these offenses as committed against children, with the presentation of an overview of research into their causes and effects and treatment of victims within the sociocultural context of the past decade.

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Six publications examine in detail intrafamilial sexual abuse or incest. An article by C. Bagley of Calgary University in Alberta, Canada, highlights basic issues concerning child sexual abuse in the family. These issues include definition, the impact of cultural values, incidence, and reporting with a discussion of the consequences of such abuse as well as guidelines for treatment. Another Canadian report by Marois, Perrault, and Messier focuses specifically on the definition, typology, etiology, consequences, and treatment of incest within their examination of child sexual abuse.

Ahlgren's article, which traces the practice of incest from Ancient Greek and Roman times to the modern day, reviews incest theories, and describes existing legal responses to this problem and current reform efforts, provides a thorough examination of incest of interest generally, although it was published in a law journal.

Incest was the subject of three annotated bibliographies, with 410 citations compiled by deYoung, approximately 400 citations compiled by Dabney, and 419 items referenced by Rubin and Byerly.

Pedophilia is the subject of a review by Berlin and Krout of the Johns Hopkins University Department of Psychiatry and Behavioral Sciences. This review covers the etiology, assessment, and treatment of pediophilia and stresses the importance of reeducating both the public and health care provider about this disorder. Child pornography is the subject of Pierce's paper that profiles the children involved, estimates their number, identifies the presumed effects of involvement, considers legal issues in its control, and recommends a social work model for treating and preventing this form of exploitation.

## Incidence and Prevalence

Seven documents concentrate on the incidence and prevalence of child sexua abuse in various populations; of these, two are concerned with the data collection methodology in regard to sexual abuse of the National Incidence Study of Child Abuse and Neglect, while the remainder report findings of specific research projects.

Another of Finkelhor's contributions to child maltreatment research is an article with Hotaling that discusses limitations of the National Incidence Study with regard to sexual abuse. The authors point out that this study, which was conducted in 1979 and 1980, was a major effort to collect data on reported and unreported child abuse, but note that the study's methodology may have skewed its findings in regard to sexual abuse. This concern was echoed in a letter by the late Dr. C. Henry Kempe (whose contributions to the field of child maltreatment will be discussed later in this chapter) to the editor of the academic journal on child maltreatment in which the Finkelhor and Hotaling article appeared.

Two of the reports on the incidence of sexual abuse among specific populations examined incidence abroad. A 1984 British study, reported by Nash and West, examined the incidence and nature of childhood sexual abuse contacts with adults experienced by a sample of 92 college-age women and a sample of 223 wome aged 20-39 whose names were randomly selected from the patient lists of physicians in general practice. Of this latter sample, 42 percent reported some type of childhood sexual contact with an adult, and the college-age sample reported a

54-percent incidence rate. Mian and colleagues from the Hospital for Sick Children in Toronto, Canada, report on data collected on 125 sexual abuse cases involving victims 6 years old and under. This victim age group constituted one-third of the sexual abuse cases treated and other data presented includes the characteristics of victims, perpetrators, the abusive incidents, and the disclosure of those incidents.

Incidence research conducted in selected areas of the United States includes a survey reported by Hall of Urban Midwestern Adolescents in which 12 percent of the females and 2 percent of the males reported that they had been raped or sexually molested. Data from interviews with a random sample of 930 adult women in San Francisco were presented by Russell as a basis for estimating the differences in both the prevalence and seriousness of incest perpetrated by biological fathers and stepfathers, and information on the seriousness of intrafamilial sexual contacts as well as its incidence was provided. Using survey responses obtained from 1,056 Texas residents who were part of a systematic random sample of 2,000 names drawn from a list of persons holding valid Texas drivers licenses, Kercher and McShane estimated that 821,359 adult Texas residents were sexually abused as children, for a childhood sexual victimization rate in that State of 7.4 percent. This latter study notes that further research is needed in regard to incidence methodology. Readers of this *Review* are cautioned to carefully consider the methodology of all incidence and prevalence research presented herein, for as pointed out at the beginning of this section, variations in methodology can impact upon the results of such research.

## Etiology: the Dynamics of Sexual Abuse

The questions addressed in the 11 sexual abuse etiology studies of 1985 range from the risk factors associated to this particular form of maltreatment to the dynamics that enable child sexual abuse to often continue undetected.

The risk factors substantiated and discovered in Vander May and Neff's research include alcohol dependency, spouse abuse, nonsexual child maltreatment, inadequate housing, social isolation, birth order, and other family configuration variables. However, Gordon's comparison of incestous families with those experiencing other forms of family violence showed that the former are by no means more stressed, nor the individuals in them any more pathological; and that incest victims are no more willing participants than are child victims of nonsexual abuse. Kercher also characterized a large multiagency sample of child sexual abuse cases and found that, consistent with other etiology research, most perpetrators were male and victims female. Perhaps unexpectedly, however, this study also found that most victims of female offenders were female. Gruber's article was written to draw attention to the premise that the circumstances surrounding a sexual assault are likely to determine if a sexual attack will be perpetrated.

One of the findings noted in Berliner's report on the dynamics of sexual abuse is that this abuse begins with an extended building phase during which the perpetrator assures himself of the trust of the child and family members so that access to the child is attained, finds an opportunity to initiate sexual intimacy, and begins verbal and situational seduction that eventually leads to overt sexual activity. Pierce's analysis of sexual abuse cases reported to a child abuse hotline over a 4-year period found significant differences in male and female victims in family composition, perpetrator, the variables contributing to the continuation of the situation, and the type of services provided to the sexually abused child and family. Wattenberg reviewed the literature on the mother's role in families involved in sexual abuse and found two distinct lines of theoretical thought, one of which attributes a collaborative role to the mother in father-daughter incest and the other, termed the feminist view, that challenges this assumption and places blame on a patriarchial family culture that generates violence and abuse and renders the mother helpless in incest situations. Gilgun's findings on the question of the mother's complicity in incest scenarios follow the latter line of thought, challenging the notion that the victim's mother colludes in incest and suggesting that the assumption of collusion can obstruct reporting and constructive family therapy.

Gilgun also authored two studies of the child's perceptions of the sexually abusive relationship. One of the studies used life-course theory to guide research and found that children perceive adults as powerful authority figures who have the right to tell them what to do, even when the children experience conflict or outright rejection of sexual interaction. The other Gilgun study used age and sex gratification theory to guide research, and noted that abuse can go on for many years without the family's, including the mother's, knowledge. Fielding's personal account of an incest victim's experience recounts her feelings during an incestuous period, explains why she did not tell anyone about it, and identifies the psychological effects of incest manifested in adulthood.

## Prevention

Two additional monographs by Gilgun have implications for those interested in the prevention of child sexual abuse. Through interviews with 20 sexually abused girls on their knowledge of sexuality and child abuse, Gilgun concluded that sex education, to include sex abuse awareness, is necessary for prevention. However, primary prevention requires prevention of the development of the perpetrator's sexual behavior.

In another article that continues on the theme of education as a prevention technique and also uses data gathered from interviews with sexually abused girls as its foundation, Gilgun writes that children should be taught the difference between legitimate and illegitimate adult demands upon them. Specifically, children should be instructed that no adult has a right to touch their private parts or their bodies. In addition to ignorance about their right to body integrity, guilt on the part of sexually victimized children is another factor to which parents and service providers should be sensitive, according to Gilgun.

Conte, Saperstein, Rosen, and Shermack examined both the effects of sexual abuse prevention by randomly assigning children to prevention training and a wait-list control group, and children's ability to learn prevention control of an abstract and explicit nature. Results of this study indicated that children in the prevention training group significantly increased their knowledge of prevention concepts while children in the control group did not. While older children learned more than younger children, both younger and older children had greater difficulty learning prevention concepts of an abstract nature than concepts of a specific nature.

## Treatment

A dozen publications generally concern sexual abuse treatment programs or techniques, indicating that much work has been undertaken in recent years to provide services for the victims of child sexual abuse and their families.

The United Way of Lower Mainland, Vancouver, British Columbia, has published a book describing the program history, philosophy, goals, approaches tried and discarded, intake, client profiles, staffing, and services of nine child sexual abuse treatment programs. Those programs include the Child Abuse Unit for Studies, Education and Services in Chicago, which provides case assessment, crisis intervention, and individual and family counseling; the Santa Clara County Child Sexual Abuse Treatment Program in San Jose, which provides self-help groups for parents, adult incest survivors, and child and adolescent victims; the Sexual Assault Center of Harborview Medical Center and the Seattle/-King County Response Network in Washington State, which provides victim-centered care, aggressive intervention, and prosecution; and the Sex Offender Treatment Program of Western State Hospital in Fort Steilacoom, Washington, which coordinates treatment services for offenders. Other programs described are the Child Development Center of Edmonton, Alberta; the Chrestos Family Treatment Program and Sunshine Girls of Tacoma, Washington; the Winnipeg Sexual Abuse Subcommittee of Winnipeg, Manitoba, and the Sexual Abuse Victims Anonymous of Campbell River, British Columbia.

A report from the Connecticut Division of Child and Protective Services summarizes the activities of five sexual abuse programs in that State during 1980 and 1981. These NCCAN-sponsored programs included projects to develop clinical responses to child sexual abuse cases, intrafamily services, sexual abuse prevention for school children, coordinated medical/social services, or support and treatment for victims. A report prepared by Baker and Chambers for NCCAN discusses the startup and results of the Sacramento Child Sexual Abuse Treatment Program (SCSATP), which was aimed at reducing the trauma of intrafamilial child sexual abuse for victims and families, improving coordination and delivery of services, and increasing public and professional knowledge of child sexual abuse. The Cascade Child and Family STEP (Sexual Treatment and Education Program) Clinic of Portland, Oregon, offers suggestions for improving NCCAN assistance to such programs in its description and report on its experiences as a Parents United permanent self-help incest treatment program.

Understanding of the effects of current practice in the investigation and treatment of documented incest abuses on the offenders and families involved was provided by Tyler and Brassard in their examination of participants in a Utah Parents United Group. Results reported indicate great variability in the prosecution and investigation of these cases and devastating consequences for the offenders in each of the life areas examined. Berlin's article also discusses treatment for the offender and pedophiles with a critique of the four major treatment modalities for pedophilia: psychotherapy, behavior therapy, surgery, and medication. Knapp's book also addresses the assessment and treatment of adult sex offenders and describes 10 adult sex offender treatment programs.

James and Nasjleti view intrafamilial child sexual abuse as a symptom of family dysfunction in their book, which presents clinically validated intervention techniques that have helped both abusers and abused. To provide guidelines about what actions may be taken by various professionals in the management of sexually abused children and their families, Porter's handbook presents an overview of such abuse, its management, and its prevention. A description of an intervention approach designed to facilitate a child's discussing her sexual victimization without using coercive methods is provided by Gilgun, whose numerous works on child sexual abuse were reviewed earlier. The intervention/interview approach Gilgun described emphasized child self-determination, used other professionals for support and supervision, involved workers subjectively with children and their families, and promoted sensitivity to client-worker and client-environment interactions. Fifteen of the 20 participants provided the researcher detailed accounts of the sexual abuse, and five who did not provide detailed accounts of the sexual abuse and five who did not provide detailed accounts according to set criteria still indicated what happened and how they experienced the abuse. Factors believed to facilitate the noncoercive sharing of information were the child's option not to answer questions, the reseacher's interest in the child's activities and feelings, clear guidelines for participation, and family's inclusion, and positive reinforcement.

The treatment of the child victim of sexual abuse was the focus of three new publications. Adams-Tucker found, in an examination of biases in the treatment referral process, that certain biases may preclude many needy sexually abused children from obtaining mental health care. The likelihood of CPS referral to a child guidance clinic was diminished for a child who is black, male, more than 10 years old when first abused, and residing in a mother-headed household; with white, female, under 10 years old when first abused, victims in two-parent households most likely to be referred for therapy. Mackey and Swan have prepared a therapeutic tool in the treatment of sexual abuse victims in their fictional diary of a 14-year-old girl victimized by parental incest. This book, which combines storytelling and therapeutic advice, may also be used by young persons for self-help. Self-help for adult victims of childhood incest is the topic of Stuart and Allen's autobiographical account of their experiences as victims of long-term, father-daughter incest and as founders of Sexual Abuse Anonymous, a self-help group for incest victims that has borrowed the 12 steps approach of Alcoholics Anonymous. Help for adults or adolescents who had been sexually victimized as children is also the subject of Daugherty's book, which presents extensive information on child sexual abuse and its effects, dynamics, sequelae, and treatment to assist these victims in understanding and recovering from their experiences.

## Effects/Sequelae

Two individual accounts, one a case history and the other a first-person article, chronicle the tragic consequences of child sexual abuse. In addition, two research studies examine the sequelae of this type of abuse as it impacts upon adult women incest survivors and families with the added burden of alcoholism.

Moller's case history of Trudee Able-Peterson traces her life as a sexually abused child, prostitute, and twice divorced mother of two to her personal rehabilitation and career as a counselor for sexually abused adolescents. The anonymous personal account of a victim of father-daughter incest describes similar sequelae; feelings of guilt, shame, and hate that eroded her self-esteem and produced problems in relating to others and thoughts of suicide.

Lindberg, in examining the sequelae of sexual abuse, urges that a diagnosis of post-traumatic stress disorder may be appropriate for adults who had experienced childhood incest and offers treatment guidelines to alleviate this stress disorder. Middleton examines the double stigma of families involved in both alcoholism and incest, and finds that, as adults, children of these families may suffer many adverse psychological effects, including depression, confusion of sexuality and affection, poor self-esteem, disassociation, somatic complaints, sexual identity confusion, substance abuse, eating disorders, guilt, isolation, loneliness, internalized shame, and destructive relationship patterns.

## Residential or Institutional Maltreatment

The issues particular to the abuse or neglect of children in residential facilities or institutional settings have been studied in seven new research endeavors.

### Definition

The purpose of Rabb and Rindfleisch's article was to present results of an empirical study of judgments about the seriousness of situations of child maltreatment to further the development of operational definitions of institutional child abuse and neglect. This article presents data gathered on judgments made by 630 respondents regarding 24 situations of child maltreatment. Respondents in the study represented children in care, direct caregivers, managers in institutions, public child welfare workers, facility board members, and foster parents. Respondents judged the situations to be harmful more readily than they judged them to be abuse or neglect. For the majority of events in this survey, the setting (out-of-home care versus intrafamilial) did not appear to significantly affect the judgments of respondents in their assessment to harm or judgement as abuse or neglect. However, the presention of a negative consequence for the child significantly increased the respondents' assessment of harm in 12 out of 24 events.

Maurer's article examining the debate over the use of electric shock rods to train autistic and retarded institutionalized children notes that psychologists are divided on whether this practice can be defined as abusive, and that this controversy has spread into a spectrum of opinions and positions. This author argues that rather than relying on the pain of shock and therapy to change behavior, more emphasis should be placed on the causes of the undesired behavior.

### Incidence or Prevalence

Rindfleisch and Rabb explored the questions of the size and significance of the problem of mistreatment in child welfare residential institutions, using data generated by a 1980 survey of 1,700 residential facilities housing 69,000 children. An average rate of 39 complaints per 1,000 residents was calculated, with the suggestion that only one out of five abusive or neglectful situations may be reported to child protection agencies.

### Etiology

Shaughnessy's paper explores the nature and causes of child abuse in residential facilities, group and foster homes, psychiatric hospitals, and other facilities designed to treat emotionally and physically battered children. A discussion of the institutional environment notes that abuse stems from a mixture of human, bureaucratic, and fiscal problems. Specific difficulties considered include incompetent staff, staff turnover, a remote location that separates children from parents, inappropriate placement of children as a stopgap measure, and the use of medication for social control.

### Prevention and Treatment

Structural changes in the laws, policies, and procedures governing the care of children in residential or institutional placement are seen as the means of preventing it from ever occurring or ensuring that it does not continue. Nuehring, Abrams, and Zuckerman of Barry University's Abuse and Neglect Prevention Research Project prepared, under NCCAN sponsorship, a model system of State legislation and staff training designed to protect developmentally disabled persons living in State and private residential facilities from abuse and neglect. Although this model system encompasses adult residents of such facilities, its suggestions are applicable in the protection of children in residential facilities. Another NCCAN-sponsored project in this regard, as discussed by Ward-Hull of Indiana University's Residential Child Care Project, explores the involvement of parents whose children are in residential care. Parental involvement prior to, during, and after the child's residential placement is emphasized and changes in State law and administrative policy concerning this involvement are suggested.

### Effects/Sequelae

Savells' discussion of where and why the system of institutional child care has failed includes a description of the consequences of those failures. This paper argues that most residential care institutions do little to promote the child's individual potential, emphasizing instead strict conformity to institutional rules. This deprived atmosphere may lead, the author suggests, to many residents becoming wards of the State as adults, either in mental institutions or prisons.

## International and Cultural Perspectives on Child Abuse and Neglect

A total of 16 documents received by the Clearinghouse in 1985 discuss the problems of child abuse and neglect from an international or cultural perspective. Of these, seven pose issues or present information for consideration by the world child protection community. The remainder address child maltreatment concerns specific to the given country or region. Together, they constitute a body of research with implications for the understanding, prevention, and treatment of child abuse and neglect both abroad and in the United States.

### International Perspectives, Generally

The Fifth International Congress on Child Abuse and Neglect, sponsored by the International Society for the Prevention of Child Abuse and Neglect, met in Montreal, Canada, from September 16 to 19, 1984, to bring together those concerned with the protection of the world's children. From this Congress has come a volume containing 567 full-length abstracts and 155 title-only abstracts on a wide variety of child protection topics of international concern. Highlighted in this volume are research studies addressing strategies for prevention, assessment, intervention, and treatment in Canada, the United States, and Europe. A sampling of the international literature on child abuse is reviewed by Gelles and Cornell in their paper that focuses on the methods and models used in child maltreatment research. In addition, the current state of knowledge on child abuse in other countries and who is doing research were examined.

The President of the International Society for the Prevention of Child Abuse and Neglect, J.E. Doek, identified the differences in child maltreatment between developing and developed countries, noting that these differences must be considered in the discussion of policy options. Extrafamilial child maltreatment was cited as the most significant aspect of child abuse in developing countries. Powell presents a typology of politically associated child abuse--killing, brutality, detention, and separation--to demonstrate the need to broaden the current family-based definition of child abuse. The Anti-Slavery Society for the Protection of Human Rights presents a report from an ongoing international study of another form of extrafamilial child maltreatment, that of child sexual exploitation through child prostitution and pornography and sex tourism. Herrmann and Jupp of Defense for Children International also review reports of child sexual exploitation and offer recommendations for combating this activity that include extensive public and private educational efforts to raise awareness of this problem. Felsman discusses the lives of street children, describing a study of 300 children in Columbia that disputes the assumption that they all share the same plight of homelessness and abandonment and offering suggestions for social policy, programming, and future research.

## Country and Region-Specific Studies

Country and region-specific research studies were received in 1985 from Canada, Scandanavia, South and South-East Asia, and Nigeria. While many of the Canadian studies received have implications and are reviewed in other sections of this report, four are directed particularly to the study of child maltreatment from a Canadian perspective. Valade, Lips, and Mes have provided a bibliography of selected listings of books, articles, and reports on child abuse prepared by, for, and about Canadians. Lapierre of the Quebec Ministry of Justice has compiled child abuse statistics from Quebec for 1975-79, thus reporting on the incidence of maltreatment in that Canadian province. The Quebec Ministry of Justice has published an analysis by its Committee on Youth Protection of two incidence, prevalence, and etiology studies conducted, one in 1975-76 before the enactment of Quebec's Youth Protection Act, and the other in 1978 after the Act's enactment. Marois and Perrault, of the Ministry's Committee, then used these studies to formulate policies for countering child abuse in Quebec.

Of the three Scandanavian studies received, two are from Sweden and one is from Denmark. Swedish Save the Children in Stockholm reports a summary of the results of a Swedish research project on children at risk in that country. Whether Swedish social service agencies were prepared to meet the changing service needs of dysfunctional families was the concern expressed by Larsson, Ekenstein, and Rasch in their analysis of the social situations of families whose infants were admitted to institutional care in 1970, 1975, and 1980. This concern was raised by the analysis of data from 1980 that indicated that more complex forms of parental dysfunction were common, including mental disorders, criminality, alcohol abuse, and drug addiction. Gregersen and Vesterby examine the nature of child abuse and neglect in Denmark, using material selected at the Institute of Forensic Medicine in Aarhut and comparing mortality rates with other Scandanavian countries in their article.

The Center for Development of Curriculum and Educational Facilities in Jakarta, Indonesia, has published the final report containing a general summary and overview of the South and South-East Asian Regional Conference on Child Abuse and Neglect, held in Jakarta on November 21-24, 1983. This conference was held to conceptualize and identify what constitutes child maltreatment in the counties of this region, explore alternatives for resolving the problems of maltreatment, and to strengthen cooperation among the counties of this region by establishing a board to undertake prevention and treatment projects.

Okeahialam has examined the incidence of child abuse in Nigeria in an article that also discusses current preventive measures. This author explains the reasons that child abuse and neglect had not been considered traditionally a significant problem in Nigeria, but notes that, with the rapid alteration of society, various forms of abuse in urban areas have been identified.

## Specific Populations and Child Abuse and Neglect

Johnson and Showers conclude in their study of child abuse injury variables that if professionals are to recognize common and early manifestations of child abuse, they must be aware of this influence of regional socioeconomic and cultural factors on the spectrum of child abuse. The studies reviewed in this section reflect the ongoing search for understanding child maltreatment as it occurs in specific populations, particularly certain U.S. regions and socioeconomic groups and as it affects children with disabilities, military dependents, and adolescents.

### Mexican-American Families

Torres, of the Texas Migrant Council Incorporated, of Laredo, Texas, has compiled a volume of 26 papers describing child abuse prevention and treatment programs providing services to Mexican-American families. These papers encompass sociocultural perspectives, research efforts, culturally relevant intervention approaches, innovative prevention and treatment programs and delivery systems and special topics, all of which are focused on combating child abuse and neglect by and in the Mexican-American community. The Texas Migrant Council has also published, under NCCAN sponsorship, a manual describing its work and services using a demonstration approach to establish linkages between Mexican-American migrants and appropriate services.

### Migrant Farmworkers

Two studies, both from Cornell University's Family Life Development Center, examine the incidence and prevalence of child maltreatment among migrant farmworkers in two different locales. Larson, Doris, and Alvarez present statistical findings from a 1983 study that show a high rate of maltreatment among Eastern Stream (East Cost) migrant farmworker families compared with both the general population and the population of similar socioeconomic status. Alvarez, Doris, and Larson present results from a study of child abuse and neglect among New York State migrant farmworkers that found that the 1982 maltreatment incidence rate for these migrant children was more than six times greater than the rate recorded for the State as a whole and more than seven times greater than the rate for the upstate New York region.

## Rural Alaskans

Brown describes the results of one National Health Service Corps (NHSC) practice in rural Alaska that made community intervention in child abuse and neglect a high priority. This paper recounts the volunteer community mechanism and the innovative Federal health care delivery program that were the key elements of change in the attitudes about child abuse in this rural predominantly Caucasian population.

## Native Americans

Laquer of the American Indian Institute has compiled the transcripts of papers presented at the Second Annual National American Indian Conference held in Tulsa, Oklahoma, May 9-11, 1984. This conference was held to examine the identification, reporting, treatment, and prevention of abuse and neglect of Native American children. Fischler reviews, in a child protection journal article, the incidence and nature of child maltreatment among Native Americans, with emphasis on cultural approaches to child rearing, the effects of modernization and poverty, and the role of situational stress.

## Disabled Children

Three new studies are aimed at understanding the special concerns in regard to handicapped children and child maltreatment. Jaudes reviews the problems of children whose development is affected by the compounding influences of maltreatment and handicapping conditions, citing experience with 37 maltreated children with cerebral palsy and a literature review in related areas. Schinke and colleagues at Washington University's Child Development and Mental Retardation Center in Seattle present a framework for defining the physical and emotional neglect of the handicapped, and suggest the need to redefine neglect relative to the needs of disabled children. Existing child welfare services that could be modified for handicapped children and new services that could be incorporated into the child welfare system are discussed in a monograph by Hughes and Rycus, which urges the child welfare system to assess its role and responsibility toward developmentally disabled children.

## Military Families

Dubanoski and McIntosh investigated the patterns and correlates of child maltreatment within both the military and between military and civilian families, finding significant patterns and variables existing within the military. Although the findings failed to reveal child abuse problems unique to the military, these authors urge that treatment and prevention programs be developed to fit the needs of military families.

## Adolescents and Runaways

Studies that include reference to these children are noted throughout this review. However, five publications specifically address child maltreatment and teenagers and/or runaways and are reviewed here.

Burgess and Richardson, in their chapter of a book on adolescence, consider the special problems associated with this time of life and examine the incidence, possible causes, and potential solutions of adolescent abuse. Farber and

Joseph also explore in their paper the individual and family characteristics of adolescent maltreatment, examine the emotional impact of abuse on the teenager, and suggest that the pattern of parent and child interaction rather than the course of maltreatment relates to the emotional and behavioral dysfunction of the adolescent victim of abuse. Farber, Kinast, McCoard, and Falkner report a study of the incidence of child abuse in a population of runaway adolescents at Huckleberry House, a shelter in Columbus, Ohio. From this study comes their suggestion that training programs for crisis counselors and youth shelter workers incorporate assessment of violence and inappropriate conflict resolution.

Spillane-Grieco randomly matched adolescent runaways to a control group of teenagers to assess the relationships between runaway teenagers and their parents and found confirmation for the assumption that interpersonal relationships between runaway adolescents and their parents were influential in the decision to leave home. Nye's article addresses the behavior and motivations of runaways and the costs to society of young people leaving home too early, and concludes that more research should be directed toward understanding and preventing this problem.

## From a Historical Perspective

The six publications on child maltreatment from a historical perspective trace the evolution of societal attitudes toward children, child-rearing, and child protection. Of particular note are the articles commemorating Dr. C. Henry Kempe, the Denver pediatrician whose recognition of the battered child syndrome was instrumental in the creation of the social and governmental child protection systems that exist today in the United States. Dr. Kempe died March 8, 1984, at the age of 62.

### Historical Studies

The results of a 5-year study of the psychogenic antecedents of child abuse are reported by deMause in a collection of research papers that examines the history of childhood in various Western cultures during different eras and details child abuse from early times to the present. Williams traces the history of child protection in the United States from the founding of the Society for the Prevention of Cruelty to Children in 1874 to the passage of the Child Abuse Prevention and Treatment Act (CAPTA) 100 years later. Gordon reviews historically the dynamics of family intervention by child protection societies (Societies for the Prevention of Cruelty to Children, particularly the Massachusetts SPCC) to examine the adequacy of the "social control" critique of such intervention and, in so doing, traces the evolving cultural conception and organization of the American family. Written from a British perspective and using mostly medical sources, Lynch's paper traces accounts of child abuse from approximately 900 A.D. with the first known treatise in pediatrics to 1962, when the term "battered child syndrome" first appeared in a paper by Dr. Kempe.

### Dr. C. Henry Kempe, Child Protection Pioneer

To honor Dr. Kempe, an article by H.K. Silver details his educational background; contributions as a spokesperson for abused children; teaching and administrative skills; work as a clinician and diagnostician; honors, awards, and achievements; and family life. Ironically, this tribute, published in an

American medical journal, appeared in its March 1984 issue, the month of Dr. Kempe's death. Ferrier acknowledges Dr. Kempe's death in an article published in an international child protection journal, tracing his life and career and remembering his leadership and role as a children's advocate.

## Ethical Issues and Public Policy

The 22 publications reviewed in this section address ethical issues and public policy regarding various child protection concerns. Of these, seven examine public attitudes and policies toward children in our society and three examine the ethical issues that arise in treatment of and research into family dysfunction. The remaining 12 concern a multitude of emerging issues in child protection, specifically the protection of children in day care settings, the care and treatment of handicapped newborns (the so-called Baby Doe cases), the adoption of hard-to-place children, and the financing of child maltreatment prevention programs through Children's Trust Funds.

### In Regard to Children and Child Protection

Miller discusses the health status of children in the United States and analyzes barriers that thwart efforts to address those unmet needs, citing specifically reductions in government funding of children's health programs. Zigler and Muenchow examine recent trends in social policies affecting children and their families in the public and private sectors, noting the emergence of new coalitions between these sectors and the young and old in the area of child and family welfare. Wolock and Horowitz use a social problem framework to analyze child maltreatment, observing that a major contradiction exists between what is known about child maltreatment and how it is defined as a social problem. Parton's book places child abuse in its political context and analyzes how responses to the problem have been influenced by the professional, organizational, and scientific interests involved, as well as by changes in the economy and political culture. Extensive personal interviews and detailed archival research were conducted by Nelson to reconstruct the history of child abuse policy in the United States. Presenting a comprehensive approach for analyzing how this issue mobilized public action, this book highlights the role child abuse plays in America's larger social agenda.

The Nelson book also provides a thorough review of congressional action on child abuse. While the enactment and amendment of the CAPTA was one such action, congressional concern for children is reflected in the formation of the Select Committee on Children, Youth and Families of the U.S. House of Representatives. The proceedings of this Committee's first hearings, dated April 28, 1983, and chaired by Congressman George Miller, are presented. Zigler and Muenchow direct their article toward the executive branch of the Federal Government, in their proposal calling for the renovation of the Federal Children's Bureau to increase its capacity to guide Federal policy in addressing the children as part of a family system.

### In Regard to the Treatment of and Research Into Family Dysfunction

Christopherson discusses the implications of professionals' claims of impartiality and objectivity in handling child abuse cases, suggesting that the general public is reluctant to report cases or urge official action, perhaps fearing that the child would be placed in an institution. Azar, Fantuzzo, and

Twentyman discuss the sociopolitical factors that have hindered empirical investigations of child maltreatment and identify deficiencies in applied behavorial research on child abuse and neglect. The sensitive ethical issues encountered in conducting research with abused children are discussed by Kinard, who outlines the potential consequences of various methods of handling dilemmas that arise in obtaining consent for participation; conducting interviews and/or administering tests; and disseminating test results outside the research team.

## Emerging Issues in Child Protection

Two of the most current issues in child protection policy are reflected in the U.S. Department of Health and Human Service, Office of Human Development Services' notice in the Federal Register of April 24, 1985, which presents changes in the regulations that implement the CAPTA. Among the issues addressed in these regulations is the protection of children in day care residential facilities and other out-of-home care, with expansion in the definition of the possible perpetrator of abuse to include staff of these facilities and greater flexibility in releasing confidential information to facilitate employee record checks. The Child Abuse Amendments of 1984, the provisions of which were incorporated into the CAPTA, are the basis for regulations regarding medical neglect and States' responsibilities to disabled infants and are also among the emerging issues reflected in this notice.

Protection of Children in Day Care. Testimony before a joint hearing conducted by the U.S. House of Representatives' Committee on Ways and Means, Subcommittee on Oversight on September 17, 1984, examined the connection between child abuse and child day care, with emphasis on how the Federal Government can help States develop standards and procedures to minimize the possibility of abuse and ensure that incidents of abuse are met with prompt, coordinated, and effective action. Also in September 1984, the House Select Committee on Children, Youth, and Families issued its report, which addressed changes in demographics, the work force, family composition, and the economy that have resulted in an increased need for out-of-home child care and considers the implications, including abuse, of this increased need.

In January 1985, the Department of Health and Human Services issued guidelines compiled to provide strategies for States and municipalities to use in reviewing licensing, registration, and policing procedures in day care facilities. Terpstra's article, from the Department's Children's Bureau, discusses how licensing and training requirements for out-of-home child care providers can reduce the likelihood of child abuse.

Medical Neglect of Handicapped Newborns. The so-called Baby Doe case, which began with the birth of an infant boy with Down's syndrome, an incomplete digestive tract, and other birth defects in Bloomington, Indiana, in the spring of 1982, touched off a storm of debate when his parents and physicians decided against surgery to repair his digestive tract, he was unable to feed normally, and subsequently died. As noted earlier, the congressional response to this and other cases involving the medical treatment of severely handicapped newborns is contained in part within the Child Abuse Amendments of 1984.

The medical, legal, psychological, educational, and social service communities have also become involved in the controversy surrounding Baby Doe cases, as Powell and Hecimovic note in their article explaining recent research into the various means of enhancing the quality of life in infants with severe handicaps. Lawton, Colburn, and Itzkoff review the positions of the Department of Health and Human Services (DHHS) and the American Academy of Pediatrics on the use of Infant Bioethics Review Committees (IBRC's) in the medical management of seriously ill infants, summarizing the results of a survey of current ethical review practices. An editorial in New Physician magazine explains the content and implementation procedures of DHHS' revised Baby Doe rule issued January 9, 1985, which mandates the Federal role in treatment decisions involving critically ill newborns. Annas comments on these Federal and other governmental initiatives and court decisions on this issue in a law journal article that also contains the comments of two other attorneys and a pediatrician in this regard. The final rule and model guidelines from DHHS, Office of Human Development Services, explaining procedures States should establish for responding to reports of medical neglect are themselves new entries into the data base also.

Adoption of Hard-to-Place Children. Another area of Federal concern is the adoption or permanent placement of older, handicapped, minority, or otherwise hard-to-place children. Dorcas Hardy, Assistant Secretary of the Office of Human Development Services of the DHHS, describes public policy, legislation, and programmatic efforts geared toward meeting the permanency planning needs of these children, explaining that, with the passage of the Adoption Assistance and Child Welfare Act in 1980, permanency planning became national policy and adoption subsidies became available. Cole reviews the provisions of this Act and its implications for those charged with the administration of permanency planning and special adoption services.

Children's Trust Funds. New mechanisms for financing child abuse and neglect prevention programs, Children's Trust Funds, are becoming increasingly popular in State legislatures as a means of raising revenue for child protection. Birch's article examines the operation of these Funds, whose revenues are generated by surcharges on marriage licenses, birth certificates, or divorce decrees, or by specially designated State income tax refunds. Martin, Scott, Pierron, and Bauerle review these funding mechanisms and examine the legislative history implementation, current funding procedures, and types of programs supported by the Kansas Family and Children's Trust Fund, which upon its establishment in 1980, became the first such State fund in the United States.

### General Works on Domestic Violence and Families in Crisis

Child abuse and neglect is one of the aspects of the larger problem of domestic violence. Seven new publications discuss this larger problem or certain components as they relate to children.

Kemmer has prepared a 1,055-item annotated bibliography containing literature on family violence published from 1960 to 1982, with an introduction that presents a brief historic review of the emergence of family violence as a significant social problem and the production of literature on the subject. Stacey and Shupe's book surveys the extent of family violence, its effect on women and children, the experiences of emergency shelters, and the police response, primarily using information collected from battered women's shelters in Texas. These data indicate that the average battered woman brings two children with her to a shelter and that almost half of these children have been abused or seriously neglected. Garbarino reviews the book, Children in Families Under Stress: New Directions for Child Development, published by Jossey-Bass (currently in Clearinghouse processing for 1986 Review) and finds it a valuable resource in research of children in troubled families.

The House Select Committee on Children, Youth, and Families has issued two reports, one on the private sector response to families in crisis and the other on family violence. The former report, issued July 12, 1983, contains testimony from witnesses from economically distressed urban and rural areas, who described the efforts of private, nonprofit agencies to help the increased numbers of families in crisis. The latter report, issued June 12, 1984, provides statistics on the problem of family violence and testimony on this issue from several perspectives, including that of a battered wife, an executive producer of a television movie on incest, law enforcement authorities, and human service organizations.

Family violence in which children are the perpetrators is a disturbing topic and two researchers offer insight into understanding violent children. Rosenthal and Doherty compared 10 preschool children who had abused a sibling with 10 nonabusive children who had problems of aggressive behavior to identify important differences between sibling rivalry and pathological sibling abuse. Morris, using data gathered in interviews with children who have killed their parents, surviving parents, attorneys, judges, and doctors familiar with these cases, has written a book that examines familial and social factors contributing to these killings and the ways in which these young offenders were dealt with by legal and/or medical systems. Among the factors contributing to these violent acts were in some of the cases examined, family violence, substance abuse, repeated physical abuse, and incest perpetrated by a parent.

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## CHAPTER II

## CURRENT RESEARCH IN SOCIAL WORK AND CHILD PROTECTIVE SERVICE (CPS) PRACTICE

The publications, programs, and ongoing research projects to be reviewed in this chapter are those received in 1985 by the Clearinghouse on Child Abuse and Neglect Information for inclusion in its data base that are of particular interest to those providing social or protective services to families troubled by or at risk of child maltreatment. The intent of this review is to inform social work and CPS professionals of current works in their field with regard to child abuse and neglect and child welfare practice in a format designed for ease of reference.

In addition to a general overview of child abuse and neglect prepared from a social service perspective, this chapter will present the books, book chapters, journal articles, research reports, and other information relevant to child welfare practice, with regard both to the operation of CPS agencies and/or systems, and to individual casework. Topics of interest regarding individual casework include case assessment and management, work with the judicial system, the understanding of medical aspects of CPS practice, and treatment and service delivery approaches, issues, projects, and programs. Publications of professional interest to social work education and/or training, as well as legal liability in CPS practice or "social worker malpractice," are also reviewed.

### Social Work and CPS, Generally

Social Work Treatment with Abused and Neglected Children, edited by C.M. Mouzakitis and R. Varghese, is a comprehensive book for social work professionals. Its 21 chapters analyze the definitions, causes, and treatment of child abuse and neglect, with contributions from professionals involved in child maltreatment programs in social work, psychiatry, psychology, medicine, law, and education.

### History of CPS

Cohn's chapter in the Mouzakitis and Varghese book describes the history of Federal and State efforts to respond to the problems of child maltreatment and preventive efforts in the public and private sectors. From the Mary Ellen case in 1874, which sparked organized efforts to deal with child abuse, to the passage of the Child Abuse Prevention and Treatment Act (CAPTA) in 1974, which established the National Center on Child Abuse and Neglect (NCCAN), the national and local responses to the problem of child abuse and neglect are examined, giving the social work professional an overview of the history of the public and private organizational involvement in child protection.

### Child Abuse and Neglect Overviews

Eleven chapters in the Mouzakitis and Varghese book provide the CPS worker with overviews of specific aspects of child maltreatment. The editors provide perspectives on child abuse and neglect in the first chapter, in which the nature and dynamics of child maltreatment, its extent in modern society, problems of definitions, and its various forms are examined. In the second chapter, they examine literature on child abuse and neglect from North Americ, Australia, Asia, and Africa and identify trends in causal analysis and resea efforts.

In the next chapter, Siefert considers the literature concerning physica abuse with respect to the epidemiology and causation of specific types of physical abuse, and addresses causal factors of physical abuse in general, with implications for prevention and treatment. This discussion focuses on child homicide, the fetal alcohol syndrome, addiction during pregnancy, inflicted burns, and intentional poisoning. Baily and Baily discuss the literature on child neglect in terms of the types of research studies that have been conduc and the factors contributing to child neglect. Elmer reviews the literature on emotional maltreatment to reach a working definition that distinguishes it from physical maltreatment and sexual abuse, and discusses the effects of emotional maltreatment on children, possible causes, and implications for social workers. Literature on child sexual abuse, both familial and nonfamilial, is examined by Bavolek, who describes its definitions and causes. Monopolis and Sarles present scientific literature in their chapter about physical and sexua abuse of children and adolescents to support their hypothesis that abuse is detrimental to optimal growth and development.

The editors also wrote a chapter on the treatment of child neglect, in which they describe the need for broad-based approaches to deal with this form of maltreatment and the principles that should guide treatment. Junewicz focuses on the treatment of emotional neglect and abuse from the standpoint of definitional issues, diagnostic considerations, and treatment appropriate to different types of cases, noting that definitions of emotional maltreatment must distinguish between a child's emotional problems in themselves and those resulting from maltreatment.

A handbook from the Ontario Association of Professional Social Workers an an article in a social work journal also provide overviews of child maltreatmen for the social worker. The handbook explains the social worker's role in child abuse treatment and prevention, defines abuse according to Ontario's child welfare legislation, and provides guidelines for recognizing abuse from a localized, "field" perspective. S.L. Smith's article is more research-oriented, with significant findings on the etiology of child abuse discussed focusing on three variables--the role of the child, the psychological/personality factors of the parent, and social-environmental factors--as bases for analyzing these findings.

## Child Welfare Practice

The new research tools and products reviewed in this section report the developments in child protection for and by CPS agencies and child welfare workers. In describing the latest findings relevant to the identification and social service treatment of abused and neglected children, and the prevention of child maltreatment, these works are of interest to both the individual caseworker and those charged with the operation or management of CPS agencies, programs, or systems.

## CPS Agencies and Systems

A total of 48 publications report on developments in the operation and/or management of CPS or child welfare programs, agencies, or other service delivery systems, and include general studies of CPS system operations, reports on interagency cooperative programs and techniques, and findings with implication for CPS personnel management. Also of interest in the administration of child welfare organizations are research studies concerning system intake, service delivery, specific aspects of program management, and staff or volunteer training.

General Studies of CPS Operations. Hutchinson, from the National Resource Center on Family Based Services of the University of Iowa's School of Social Work under Children's Bureau auspices, has prepared a manual that presents a model for family-centered social services suitable for implementation by public social service agencies. Existing services and systems operations in Washington State were examined and the findings of a 1984 survey of caseworkers and supervisors in eight counties of that State are presented in Norris' report on intake, case management, service provision, training and education, workload, turnover, and time allocation within the State CPS agency. One of the most notable findings in this report is the differences between urban and rural CPS providers.

The Puerto Rico Department of Social Services provides a profile of CPS operation there, with discussion focusing on procedures for intake and processing of child abuse reports, for referral of reports to regional offices, for reporting cases to the central register, and CPS staffing, staff development, clientele, and funding.

NCCAN-sponsored Child Fatality Demonstration Projects are discussed in an article from the American Humane Association, that concludes that such systematic efforts to examine factors contributing to nonaccidental child fatalities will enable child protection agencies to improve their services to prevent nonaccidental child fatalities.

Interagency Cooperation. Interagency cooperation in CPS system management is discussed in Fandetti's chapter of the Mouzakitis and Varghese book, which examines the inaccessibility and fragmentation of service delivery and the absence of a coordinated network of social services for abused and neglected children. Totah and Wilson-Coker's chapter in the same book describes one method of overcoming these problems in its discussion of the functions and processes of interdisciplinary teams, with emphasis on methods of avoiding barriers to the effective use of these teams. The cooperative efforts of staffs in battered women's shelters and CPS workers to meet the needs of battered women and abused children in Connecticut are described in Dayner's report, that discusses a project in that State that brought together professional groups to identify key issues in their interrelationship, discuss their differences, and explore how collaboration could enhance service delivery.

Sturkie's narrative account of the ways in which a social service family treatment center sought to integrate communitywide services to multiproblem families characterized by alcohol-abusing parents who abused or neglected their adolescent children presents an interesting approach to resolving interagency conflicts. Noting a lack of referrals from the larger social service and judicial system, the center applied a structural family therapy map to these larger systems and eventually found its place as a "sibling" agency, resulting in increased referrals, involvement in the general growth and integration of the system, and development of a previously unseen solution to the problem of interagency conflict.

Andrews and Linden present a case example to demonstrate how another community responded to reductions in funding for children's services during a time of alarming increases in the incidence of child abuse. Professionals employed by State and local human service agencies in that community began meeting to explore methods of both primary and secondary child abuse prevention resulting in a nonprofit agency that now serves over 500 children in its various programs.

CPS Personnel Management. Cruthirds' chapter in the Mouzakitis and Varghese book reviews issues currently important in direct services supervision and outlines the special supervisory requirements of CPS work. Holder and DePanfilis provide, through the American Humane Association, a how-to guide for supervisors with key criteria for evaluating caseworker performance based on a model of protective service casework.

System Intake—Receiving Reports. To describe its existing CPS system and clients, the Oregon Department of Human Resources studied its Children's Services Division intake records to profile victims, perpetrators, and child abuse reporters. A manual for this type of incidence study on a nationwide scale is provided by Schroeder and colleagues at Westat, Incorporated, for the Children Bureau. This manual contains the reporting instructions and definitions for each data element included in the reporting system developed by the National Child Welfare Service Reporting Project. An example of the application of the information obtained in incidence studies is seen in Hampton and Newberger's examination of the variables associated with hospitals' initial diagnosis of child abuse and with the proportion of cases subsequently reported to CPS agencies. Examination data suggest that child abuse reporting may be biased by class and race. The authors recommend a critical review of the system and reporting process.

Ditson and Shay describe a study of an NCCAN-sponsored project on the use of a microcomputer software program, the Profile II Data Base program, to build and analyze a data base of substantiated cases in Lansing, Michigan. The success in providing a baseline of information inexpensively and in a short period of time indicates the usefulness of the microcomputer in data analysis of this kind.

Considerations for intake and resource allocation are found in Hawkins and Duncan's study of reports to Missouri's Child Abuse and Neglect Unit, in which they found that age of the perpetrator, prior insult to the child, and unemployment were associated significantly with substantiated cases. Lobb and Strain examine a study that investigated data from the Texas Department of Human Resources in Dallas to determine if periodic effects exist in patterns of child maltreatment reporting; that is, if the number of reports received fluctuated according to the time of day, the day, or the month. Study findings indicated certain temporal patterns, and the authors urged child welfare managers to use data more efficiently to schedule child welfare personnel resources for intake.

CPS Operations--Service Delivery. Selinske describes State initiatives in Virginia and Illinois to illustrate the program components designed to enhance CPS service delivery. These two initiatives represent cost efficient means of fulfilling the tracking and investigation functions of the CPS mandate, as established by State laws. CPS service delivery in South Carolina was the subject of a report by that State's Department of Social Services which discussed the processes and recommendations from a series of 46 public forums held to consider the findings of an evaluation of the State's CPS delivery system. In a look at CPS system service delivery from a general perspective, Meddin and Hansen identify the services that are provided during the course of a child maltreatment case investigation and describe the barriers that exist both within an agency and the external community that discourage the provision of services to children and families.

In this article, Horowitz discusses the legal bases for service delivery, explaining the ways in which child welfare agencies can meet the compliance requirements of Federal legislation on child abuse, foster care, and adoption. Ways of improving services for foster children are suggested by Fein and Maluccio in their study assessing the outcomes of permanently planning for a sample of 187 children in Connecticut under age 14 who were discharged to permanent homes from temporary foster care.

A new aspect of CPS agency service delivery is the protection of children in out-of-home or day care. A national program inspection was undertaken by the U.S. Department of Health and Human Services (HHS), Office of the Inspector General, which reports its examination of child sexual abuse prevention in day care and its recommendations for preventive efforts.

Specific Aspects of Program Management. The California State Office of the Auditor General reports its evaluation of the State's selection of projects to prevent or reduce child abuse and neglect and the distribution of funds to those projects. As a result of its findings, the Office recommended that the State Department of Social Services assign sufficient staff to process invoices for these projects to promptly expedite the disbursement of moneys.

The recordkeeping system of a voluntary family welfare agency is described by Miller, Fein, Howe, Gaudio, and Bishop, under the auspices of the National Institute of Mental Health. This recordkeeping system is designed to ensure the timely, joint examination of case goals and progress and to provide a useful research tool for overall program assessment. Information on recordkeeping of another type is provided by Mott-McDonald Associates, Incorporated, for the Children's Bureau, who present a model format and process for child welfare program managers to use in documenting their programs.

- Staff or Volunteer Training--Research on Inservice Training. Another important aspect of CPS program or system management is staff training. Vinokur, from the National Child Welfare Training Center presents the results of a national survey of the experiences and attitudes of child welfare workers and supervisors toward inservice training, which includes the suggestion that practitioners be provided with clear and meaningful incentives to attend training. Also from the Ann Arbor, Michigan, Training Center is Saalberg's report in which data gathered in that national survey of inservice training were used to develop profiles of the status of training within State agencies from the vie point of State administrators, the attitudes of local administrators toward training, and the attitudes of educators and various professio als toward training.

- Training Materials. CPS administrators interested in providing inservice training for caseworkers, parent aides, foster parents, and others working with abused and neglected children and their families have a wealth of new training curriculas, practice guides, teaching manuals, and other resources for providing education in general CPS practice and specific aspects of service delivery.

Falconer and Swi[illegible], for the Children's Aid Society of Metropolitan Toronto, have prepared a practice guide to be used in the training of new child welfare workers. Although written for CPS workers in Canada, this practice guide's examination of the problems of child maltreatment, social service treatment methods, the legal system's response to this problem, and the particular problems of stress, burnout, and coping as experienced by child welfare workers, provides useful information for beginning CPS workers in the United States as well.

A series of nine training modules and one resource guide for child welfare personnel on various aspects of CPS service delivery were prepared in 1982 for the Children's Bureau and published by P.D. Press of Washington, D.C. These include Gardner's 12-hour training module emphasizing skills for family assessment; Brittain, Ragan, Salus, and View's 12-hour inservice training curriculum for serving families by enhancing family stability and preventing deterioratio of intact families; Brittain and Salus' 15-hour module on working effectively with the courts to enhance service provision; Davidson and Horowitz's 9-hour training module emphasizing the skills needed to provide child welfare services consistent with parents' and children's constitutional protections; Broadhurst' curriculum module for teaching skills in assessing family progress and reexamining case plans in terms of changes in the family, their circumstances, or agency procedures; Broadhurst's 6-hour training module emphasizing skills required to develop a service plan; Pasztor's 12-hour inservice training module on providing services to children in out-of-home placement; View's 15-hour training module emphasizing the skills necessary to help children in need of special services and their families cope with the effects of developmental, physical, or emotional handicaps; Ragan's 15-hour module emphasizing the skills required to prepare child welfare workers, family members, and substitute care-givers for a child's placement in care; and View's resource guide to materials that should be used by trainers in a child welfare curriculum whenever blacks, Hispanics, and Native Americans are part of the population served by the participant's agency.

Also to assist in developing cultural awareness of CPS personnel, a training manual developed by the National Resource Center on the Mexican American Family of Laredo, Texas, provides trainers, staff developers, and service providers with information and culturally appropriate teaching strategies to increase the efficiency and effectiveness of service delivery to Mexican-American families, particularly where child abuse is involved.

The prevention of abuse in foster care is the intent of McFadden, Ziefert, and Stovall's instructor's manual to be used with Ryan's 10-unit curriculum for foster care staff. The training of both paid and volunteer parent aides is the subject of Trust's curriculum manual, which provides a framework for planning and implementing this training. Trust and Marx's manual details the development of parent aide programs, drawing on 4 years of intensive experience with more than 20 such programs in Massachusetts.

Lloyd's three-unit training curriculum, which uses a family-centered approach to service delivery based upon general systems and communication theories and includes both orientation and skill-building exercises, is geared toward parent aides and family service workers.

Trainers of telephone family counseling volunteers will be interested in Oliver's Parental Stress Line guide, that provides basic training axioms and structures for grouping trainees, discusses actions the trainer should take before sessions begin, and presents outlines of eight training sessions.

Child welfare supervisors are provided with information and exercises designed to enhance social work practice with abused adolescents and their families by Garfield and Ziefert's training manual. The manual addresses the problems of adolescent abuse from an ecological perspective.

Child sexual abuse is the topic of Stovall's continuing education manual for child welfare workers. This manual presents suggested teaching formats, teaching materials, case studies, and reference readings relevant to the prevention and treatment of this type of maltreatment. Murphy has prepared a training curriculum for CPS workers that focuses on community education and involvement in the problem of child sexual abuse and provides an overview of the problem, its investigation and treatment, and methods of community networking.

## CPS Casework: Providing Treatment to Dysfunctional Families

Of interest to the professional providing social service treatment to abused and neglected children and their families are current materials on case assessment and management, working with the courts, the medical aspects of CPS practice, and treatment and service delivery approaches and issues.

Case Assessment and Management. The unique functions of a child protection worker within the CPS system are discussed in Baily and Baily's book on child welfare practice, that focuses on assessment, planning, interviewing children, and intervention with the abusive family. Mouzakitis, in his book edited with Varghese, includes a chapter outlining the processes of investigation and initial assessment of potential child maltreatment cases and explains the social worker's role. Mouzakitis also includes a chapter outlining the nature of the protective services interview and explaining basic interviewing techniques for effective communication with abusive and neglectful parents and their children. Continuing assessment is the topic of a third chapter by this author, who explains the nature of continuing assessment and the areas to be included during continuing protective service workers' involvement with parents and children in abuse and neglect cases.

Alter reports both an exploratory and analog study designed to determine criteria used by CPS workers in deciding whether to substantiate allegations in a report of child neglect. The findings of this study revealed a decision-making process with two main decision points: determination of whether the child's life is in immediate danger and assessment of the degree of risk involved for a child who has been moderately harmed. Based on two research studies conducted within a major midwestern CPS agency, Meddin's article also identifies the criteria child protection workers use to assess the potential risk of harm to the child and notes that an explicit set of criteria sets a minimum standard of service delivery decisionmaking, encourages equitable treatment, provides guidance and assistance to workers, and reduces stress on the worker.

A chapter in the Mouzakitis and Varghese book by Yelaja and Latimer analyzes major ethical issues for child protection professionals, citing the philosophical foundations for balancing the interests of the individual against the interests of society, especially as those philosophies relate to the decision to remove the child from the home. A summary of reports and discussions prepared by Cohen, Goldstein, Neubauer, Solnit, and Kennedy from the Vulnerable Child Workshop held in Dublin, Ireland, in 1982 focuses on decisions regarding the removal of high-risk children from their homes, as well as treatment approaches permitting the preservation and strengthening of the parent-child bond.

Understanding Cultural Differences. The special proficiencies needed by service-effective and ethnic-competent social workers are discussed by Leigh, using a case history and case vignettes to illustrate accurate assessment and culturally appropriate treatment. Reid discusses the poor economic status of undocumented Spanish-speaking families, as well as the cultural values of these immigrants, to enable CPS workers to make informed recommendations for children from these families who are reported as neglected or abused. Gray and Cosgrove, through interviews with members of the Mexican, Japanese, Vietnamese, Filipino, Samoan, and Blackfeet Native American communities, in conjunction with an evaluation of child abuse prevention demonstration projects, studied areas of child abuse in minority cultures that might be misunderstood by the dominant culture, especially in providing child protective services. The authors report that the issues of delegating responsibility to children and dominance/submission emerged as areas for awareness and sensitivity on the part of CPS professionals.

Working With the Courts. Besharov's chapter in the Mouzakitis and Varghese book reviews the legal framework for child protection, noting changes in child welfare laws since 1960 that have effected reporting of child maltreatment, created new child protection agencies and new roles for juvenile courts, and changed the concept of parental rights. A handbook by Levy and Gately familiarizes child welfare professionals with the juvenile justice system, helps them conceptualize the caseworker and mental health practitioner roles in child welfare proceedings, and provides specific guidelines for effective testimony.

Research studies have examined the role and attitudes of CPS workers involved in judicial proceedings related to child maltreatment cases. Craft and Clarkson, in a study concerned with decisionmaking in child abuse investigations, examined the extent of agreement between CPS workers and attorneys regarding specific case recommendations. The authors found that attorneys had a tendency to recommend court intervention in contrast to CPS workers' inclinations not to recommend such intervention, with the degree of injury to the child and the existence of a previous report accounting for a larger proportion--compared to the factors of parental reaction and parental admission of involvement with the injury--of the variance.

Lord and Sallows studied at-risk parents whose parental rights had been legally terminated in comparison to at-risk parents who did not have those rights terminated and found that the severance of parental rights was most likely to occur for families where program staff viewed the mother as unpleasant, as retarded, and as having a poor relationship with the child.

The role of sociolegal professionals in child assault cases from detection to treatment is examined in Gallinger, Meier, and Carney's chapter in a book concerning assaults against children. This chapter emphasizes courtroom case management and alternative out-of-home temporary and permanent placements. It also outlines provisions of the Child Abuse Prevention and Treatment Act (CAPTA), including its creation of the National Center on Child Abuse and Neglect (NCCAN), existing State laws, demonstration programs, mandatory reporting, and mandatory counseling, as well as provisions of the 1980 Adoption Assistance and Child Welfare Act.

Mulford, Wylegala, and Melson provide three articles for caseworkers which discuss procedural and legal issues involved in prosecuting a neglect case, from initial assessment to presentation of evidence, based upon New York State's juvenile court procedures. Barth and Sullivan's article outlines key issues in the collection of competent evidence in child abuse and neglect cases by social workers, describing techniques for evidence collection and the implications of these techniques for social work practice.

*Medical Aspects of CPS Practice*. Medical information to assist child protection professionals is provided in Johnson's chapter of the Mouzakitis and Varghese book. In this chapter, literature on the physician's role in identifying and following up on suspected cases of child abuse is reviewed, with emphasis on indicators of abuse and effective ways that social workers and physicians can work together in dealing with these cases.

*Social Work Treatment Approaches and Issues*. A variety of social work intervention techniques and issues raised by those treatment approaches were studied, with published reports received by the Clearinghouse in 1985. The studies reviewed in this section are those conducted from a social work perspective, while those prepared by or for mental health professionals are reviewed in that chapter of this review. Of course, there is some overlap between social service treatment and mental health therapy. Research undertaken from both perspectives or otherwise of general implication is discussed in the first chapter of this review, while research from the fields of psychology, psychiatry, or clinical mental health counseling is examined in Chapter IV of this review.

Cornett's article, appearing in a social work journal last summer, uses psychoanalytic self-psychology as the theoretical framework to identify the absence of empathy in parent-child relations as the key to explain, predict, and control the generational cycle of child abuse, and in so doing, reviews research on the role of empathy in child abuse and discusses treatment modalities. Wells examines earlier theories of verbal accessibility, which refer to the client's willingness to talk about feelings and attitudes, and applies them to studies of multiproblem families with a variety of class characteristics, concluding with suggested intervention goals and techniques for use by social service professionals in working with families of low verbal accessibility.

The published research on secondary prevention, traditionally viewed as treatment of dysfunctional families before serious injury is inflicted upon the child, is summarized in McMurtry's article that highlights attempts to identify parents at risk of abusing or neglecting their children. Polansky, Ammons, and Gaudin report a study whose central hypothesis was that relative social isolation and loneliness among parents contribute to child neglect. The findings of this study of neglectful versus nonneglectful low-income families in rural Georgia show that compared to nonneglectful mothers, the neglectful mothers reported being less embedded in informal helping networks, less socially participative, and more lonely.

The need for direct services to infants at risk for abuse or neglect is addressed in Martin's article, with emphasis on the advantages to the child of various treatment modalities. The author concludes that innovation in intervention techniques based on sound interactional and psychological principles is the key to providing effective intervention for the child. Treatment effectiveness was assessed by Heap in a followup study of maltreated children three years after discharge from a hospital. Findings reveal that effective workers combined traditional therapeutic approaches with the conscious use of professional authority; they intervened actively for protective purposes but were empathetic with both child and parents.

The role of natural helpers, defined as persons having a relationship with the family independent of and often prior to the presence of a family problem, was the subject of Ballew's article based on a survey of preventive service workers who rated these family helpers quite favorably as effective in preventing or ameliorating child maltreatment. Thorman's book on contemporary methods and techniques used by social workers to help troubled families cope with a variety of problems contains a chapter on working with abusive families.

In a social work journal, Eldridge and Finnican examine the application of self-psychology to the problem of child abuse and suggest treatment modalities. DePanfilis discusses positive results from studies of parental self-referral programs and offers arguments for CPS support for these services.

- Alternatives to Out-Of-Home Placements and Specific Treatment Programs. Using two controlled field studies, Szykula and Fleischman present outcome data on the effectiveness of social learning treatments in reducing out-of-home placements of abused children. Investigation results indicate that this model of family intervention is an effective alternative to out-of-home placements for approximately 50 percent of typical CPS caseloads. Bryce delineates the advantages of home-based, family-centered service programs as alternatives to traditional out-of-home placement, describing the operation of such programs and outlining the utility of this approach in a variety of situations. Halpern reviews research on infant and toddler home visiting programs that points to lack of statistical evidence in support of program effects. The author examines methodological problems, inadequacies in causal modeling, and limitations inherent in the intervention approach that may account for apparent ineffectiveness, conceding that home-based early intervention may be inherently ineffective for some populations.

The crisis nursery at the New York Foundling Hospital for Parent and Child Development is used by Ceravolo as a model in discussing essential elements in the development and administration of a crisis nursery--a facility that provides brief residential care for children at risk or suspected of being maltreated. The Childhelp Line, a telephone crisis line whose volunteer staff provides advice and counseling to children, is reviewed by Ney, Johnston, and Herron. The capacity of some young clients to deal with family problems, as well as increased community awareness, and increased identification of child abuse and neglect victims were linked to the effectiveness of telephone crisis lines.

A directory from the New England Resource Center for Children and Families provides information on 55 parent aide programs in that region. An experimental parent aide program that differed from previous programs was described by Miller, Fein, Howe, Gaudio, and Bishop. They noted that this program's services were time-limited; that aides worked toward specific goals with clients and emphasized and reinforced their competency; and that all role expectations between clients, aides, and other service providers were explicitly negotiated at the start of treatment.

Subramanian examines the methodology and findings of an evaluation of the Respite Emergency Center in Madison, Wisconsin, to determine its effectiveness in reducing parental stress and preventing child abuse and neglect. Stress level measurements indicated that respite care reduced parental stress levels. Valentine and Andreas discuss the role of respite care in providing support to families and urge an expanded view of respite care that includes families of disabled and at-risk children, and externally stressed families. Pardeck and Nolden report a study to analyze the impact of a crisis intervention center for parents at risk for child maltreatment in a large southern city. The study found that intervention lowered the crisis levels of client parents.

- Interdisciplinary Child Protection Teams. Meier, in his book on assault against children, includes a chapter that focuses on newer and less well-known treatment approaches with a review of interdisciplinary intervention services to child assault victims and perpetrators. An alphabetical list of intervention prevention modalities outlines the theory and practice of each approach with case examples from the Village of Childhelp, Incorporated, a California residential treatment center. These modalities include art, dance, education, family, group self-help, laughter, milieu, music, occupational, pet, physical, recreational speech, and spiritual-holistic therapies. Incorporating the theory, practice, and practitioners for treatment professions of audiology, law, neurology, nursing, nutrition, ophthalmology, pediatrics, psychiatry, psychology, radiology, and social work is also discussed.

The effectiveness of a Family Support Center in Pennsylvania, whose multidisciplinary approach is intended to change parenting patterns of those at risk of child maltreatment, was evaluated by Armstrong and Fraley in terms of clients' behavior immediately after services were completed and 3 years later. They found that parents who used all three service components (home-based services, family school, and peer support groups) benefited most from the program. Mouzakitis and Goldstein review basic principles for using interdisciplinary teams in child maltreatment cases in their article describing the use of such a team by the Baltimore City (Maryland) Department of Social Services for child neglect cases. Specific team diagnostic and treatment objectives were to improve the case worker's understanding of the multidisciplinary aspects of the case, assist case workers in using alternative approaches when case progress had stalled, and guide case workers in the use of appropriate community resources. Guidelines for a family-centered, interdisciplinary approach to treatment are presented by Gentry in a chapter of the Mouzakitis and Varghese book. Service delivery emphasizing family centeredness includes a generalist-specialist model with central intake and a family service component, an intensive family services unit, and the purchase of services through private, voluntary agencies.

Motz reports a survey of Colorado's community-based child protection teams that presents statistics and narrative information on team operation, organization, approach, training, and factors contributing to team success. Colorado's multidisciplinary teams serve as regulatory bodies, determining whether agencies are responding appropriately and helping to make diagnostic and treatment decisions. Many teams take part in treatment, work to fill gaps in the system, conduct community education, and serve as advocates for child protection issues.

- Sexual Abuse Investigation and Treatment. Service delivery to children and parents involved in intrafamilial sexual abuse is the subject of various programs and publications, since this form of child maltreatment continues to pose special problems for child welfare professionals. Swan reviews the spectrum of professional opinion in regard to sexual activity between adults and children at home, suggests treatment implications, and recommends parent education and marital therapy as treatments of choice.

Dailey discusses attitude and perspective barriers hampering professionals' effective service provision to families characterized by sexual abuse. He cites his own experiences with his first cases of incest and recommends the family systems model that views sexual abuse as rooted in family dynamics, as an effective intervention approach.

Burgoyne also outlines the treatment of child sexual abuse in a chapter of the Mouzakitis and Varghese book, with emphasis on the specific skills, knowledge, and attitudes required for effective work with victims and abusers. Implications for treatment are discussed, particularly in relation to improving resources and specialized training for workers involved in treating victims of sexual abuse and their families. Findings are based on the Pierce and Pierce report of an analysis of 205 substantiated child abuse cases gleaned from 304 cases reported to a sexual abuse hotline between 1976 and 1979--an analysis undertaken to increase the knowledge base of CPS workers providing treatment services for this form of child abuse.

Faria and Belohlavek discuss the treatment by social work professionals of female adults who were victims of incest, presenting strategies for identifying these victims, developing a frame of reference for counseling them, setting therapeutic goals, selecting techniques and tools, and choosing the therapist.

Silver describes the structure and operation of an experimental, community-based program for treating sexual offenders, built primarily on principles of guided group interaction and behavioral engineering.

Two publications consider the investigative interview for assessing a child's allegation of sexual abuse. Wells presents guidelines to assist child welfare and police personnel in conducting an initial interview, covering key areas such as the feelings of the child and interviewer, preparation for the interview, seating arrangements and location, and the importance of obtaining background information. Faller discusses a procedure for assessing and investigating a child's allegation of sexual abuse and considers the motives various actors in a sexual abuse situation may have for being truthful or lying when an allegation is made.

## Topics of Professional Interest

### Education and Training in Social Service

Saalberg of the National Child Welfare Training Center in Ann Arbor, Michigan, has compiled a collection of articles that address different aspects of current child welfare practice in terms of the child welfare environment and consider education and training in child welfare issues in the 1980's. Included in this collection is Germain's article, that presents an ecological perspective on social work practice, with its implications for graduate level training, and Little's interview with the Director of the Wayne County (Michigan) Department of Social Services, which focuses on the dilemma in child welfare education and practice (child welfare may be too aligned with public welfare so that child welfare services must compete with other services for resources). This interview examines assumptions about family structures and systems, and emphasizes the importance of coordination among diverse agencies dealing with a multiproblem family.

Also included in Saalberg's collection is Wiltse's paper, originally prepared for the Region IX Child Welfare Training Center Colloquium held in 1981. This paper explores the relationship between social work education and child welfare practice, highlighting the mismatches between the practice models taught in schools and the actual tasks workers do in the field. Stein's contribution to this collection reviews changes during the past two decades in the field of child welfare and the implications of those changes for social work education. Stein observes that child welfare practice is moving from a clinical treatment to a law-oriented model and that in this environment training should focus on case management approaches and skills, information management skills, and legal rules of evidence.

Also from the National Child Welfare Training Center is a national follow-up study by Vinokur, Gray, and Saalberg investigating the training needs, attitudes, and career patterns of 1979-1980 recipients of Section 426 child welfare training grants. Overall, the career patterns of these graduates demonstrate a definite commitment to child welfare and social work in general.

Falconer and Hornick stress the importance of early training in their article from the Children's Aid Society of Metropolitan Toronto. This report examines the Society's Model Pre-Work Programme, begun in 1981, which seeks to demonstrate that child protection workers with intensive experimental training are better prepared to handle their caseloads than those trained by traditional methods, and that as a result, burnout and turnover are reduced.

Legal Liability--Social Worker Malpractice. In an address published posthumously, the late Dr. C. Henry Kempe voiced his concerns related to child abuse, specifically malpractice lawsuits against social workers dealing with child abuse cases, and expressed his concern for the negative impact of such lawsuits on child welfare professionals and the children they serve. Douglas Besharov, an attorney and former Director of the National Center on Child Abuse and Neglect, also discussed suits for professional malpractice in a 1983 child protection journal article. He argues that existing laws greatly overstate the ability of workers to predict future maltreatment, and that laws should make clear that, subject to certain exceptions, protective action is warranted only when the parents' past behavior seriously injured the children or could have done so. In this way, Besharov urges, reformulation of laws can help workers better protect maltreated children.

# Chapter II: Bibliography

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## CHAPTER III

# CURRENT RESEARCH IN THE LAW OF CHILD ABUSE AND NEGLECT

The books, articles, cases, and other publications reviewed in this chapter all focus on the legal response to the problem of child abuse and neglect, and are of interest to attorneys, legislators, judges, court personnel, and others involved in assuring children the protection of law. Items received for processing in 1985 by the Clearinghouse are reviewed, including general works on children and the law, proposed legislation and existing child protection provisions, and articles and judicial opinions that address issues particular to child abuse and neglect cases. The majority of these publications were written and/or published in 1984 or late 1983 and together constitute the most recent collection of legal materials on child abuse and neglect available.

### General Works on Children and the Law

The 13 chapters of Horowitz and Davidson's Legal Rights of Children discuss various aspects of State and Federal laws affecting children's interests and are designed to provide attorneys with a better understanding of children's law. In one chapter Horowitz, Davidson, and Hoff examine how the law addresses and strives to protect children in three areas of exploitation: oppressive child labor, pornography and prostitution, and parental kidnaping. Another chapter by Davidson and Horowitz traces the evolution of child protection proceedings from the mid-1600's to the present and reviews contemporary child abuse statutes and reporting laws, defines various types of abuse, and discusses judicial intervention. Additional chapters pertaining to specific child protection issues will be reviewed later in this discussion.

The 11 chapters of Guggenheim and Sussman's The Rights of Young People examine legal rights of youth in the following areas: police and pretrial procedures; courts; posttrial dispositions; child abuse and neglect; child custody; access to courts; age of majority and emancipation; medical care, work, contracts, and money; status offenses; and miscellaneous rights and disabilities of adolescents. The chapter on child abuse, neglect, and termination of the parent-child relationship examines relevant State law using a question-and-answer format. Among the specific issues discussed are the child's right to be raised by the parents, legal definitions of child abuse and neglect, the maximum age for children covered under child abuse and neglect laws, and the ability of child abuse and neglect laws to protect children from nonparental abuse.

The Law and the Practice of Human Services contains a chapter by Porter reviewing changes in juvenile justice philosophy and legislative provisions and examining issues in rehabilitation, public safety, constitutional rights, and legal responses to child maltreatment situations. The author also highlights the issues of parental rights termination, foster care, and permanency planning for abused and neglected children.

Collectively, these three books on children and the law contain chapters devoted to legal matters pertaining to child abuse and neglect and serve to place the issues associated with the law's response to the problems of child maltreatment within the broader context of the unique position children hold our legal system.

## Legislation and Law: Child Protection Policy and System Response

### Federal Law and Policy

One of the key expressions of Federal policy in regard to child maltreatm is the Child Abuse Prevention and Treatment and Adoption Reform Act (CAPTARA). Hearings before a U.S. Senate Subcommittee on Family and Human Services in Ap of 1983 concerning the Act's reauthorization addressed the withholding of nou ishment and medical treatment from infants born with physical or mental impairments, the general issue of child abuse, and Federal programs that facilitate the permanent adoptive placement of hard-to-place children. The published statements and testimony of witnesses at the hearings provide insight into these topics from various professional perspectives, and the selection of child protection topics for congressional inquiry provides insight into the direction of Federal policy.

Recommendations for policies, procedures, and practices aimed at allevia ing family violence were presented by the Attorney General's Task Force on Family Violence. Department of Justice recommendations include: that family violence be recognized and responded to as a criminal activity; that criminal justice system personnel develop a coordinated response to family violence; and that communities develop a multidisciplinary team to investigate and treat all incidents of family violence, especially physical and sexual abuse of children.

### State Laws

A booklet describing one U.S. jurisdiction's child abuse and neglect law was provided by the Puerto Rico Department of Social Services. Puerto Rico's Child Protection Act establishes a public policy for child protection and provides for services and procedures to guarantee such protection.

The National Center for Missing and Exploited Children has produced, with support from the Office of Juvenile Justice and Delinquency Prevention, a manu that highlights some of the most effective State laws concerning child victimization to assist citizens and State officials in determining where their own State codes need improvement. Of interest from a child maltreatment viewpoint are legal provisions governing the handling of sexual abuse and exploitation cases, criminal justice system handling of sexual abuse cases, and courtroom procedures for children. Other laws are designed to protect the child victim's privacy, enable regional or community education and prevention programs, mandate prevention and other programs in schools, mandate licensing of child care institutions, and require the reporting of criminal history information for employees working with children.

Proposed model State laws for protecting disabled persons from abuse and neglect, based on a comparative analysis of existing State laws for this purpose, are presented in a monograph by Kerness of the Barry University (Miami, Florida) Abuse and Neglect Prevention Research Project. A chapter in this monograph reviews some of the extensive comparative literature already publishe on child abuse and neglect reporting laws focusing on how existing State laws comply with recommended elements and the extent to which these laws provide legal protection for children in residential care and for developmentally disabled children.

Hearings before the California Joint Committee for Revision of the Penal Code contain the testimony of expert witnesses and concerned citizens on measures to reverse the increase of incidents of child molestation and strengthen laws against that crime in California. Measures suggested include expanding the statute of limitations, allowing volunteer organizations access to the sex offenders registration file, tightening the system in regard to the mentally disordered sex offender, toughening the approach to perpetrators, allowing videotaped testimony by witnesses, and training law enforcement officers.

## Legal Representation for Maltreated Children

Empirical findings and reflections on public policy in the legal representation of children in protection proceedings in North Carolina are discussed in an article by Kelly and Ramsey. The authors' recommendations for improving attorney services to abused and/or neglected children include use of specialized training in juvenile law or child welfare, development of a clearer definition of the attorney's role, and creation of methods for monitoring the performance of attorneys representing children in protection proceedings.

Kenty's report presents preliminary findings and conclusions from an evaluation of the first year's (1981) work of the Support Center for Child Advocates (SCCA), a Philadelphia program providing legal representation for children in placement or about to be placed. The organization of the SCCA is described, detailing its personnel, structure, community relations, and effectiveness. A description of the agency's operations focuses on client flow, staff and volunteer roles, the findings of courtroom observation, and casework. Overall, qualitative evaluation findings indicate the SCCA had achieved its class advocacy goals and effectively managed its operations. Specifically, the agency was found to have been extraordinarily competent in designing procedures to facilitate client representation. Quantitative findings indicate that although few placements have been prevented--(SCCA has found that most of its clients need to be placed at least temporarily)--many placements have been altered and improved, and client rights have been protected.

### Caselaw: Child's Right to Counsel

A child's right to the assistance of counsel at every stage of a child abuse proceeding was established in a West Virginia case, Burdette v. Lobban. During a preliminary hearing, the circuit court ordered the 5-year-old victim to be interrogated by her father's attorney without her counsel present. In overturning the order, the Superior Court of Appeals held that pursuant to West Virginia Code 49-6-2(a) (1984), the child was entitled to be represented by counsel at every stage of the proceeding, which would include being interrogated by anyone.

### Caselaw: Attorney's Fees

Who is responsible for the payment of attorneys' fees on behalf of the child in protection proceedings was the issue in cases from Wisconsin, Florida, and Louisiana. In Wisconsin, the parents of two juveniles appealed an order to remiburse the county for guardian ad litem fees for services rendered to the children in proceedings alleging the children to be in need of protection. In this case, In Interest of P., the Court of Appeals held that such services w not within the concept of legal counsel under State law that required parent reimbursement. In a Florida juvenile dependency proceeding, In Interest of M.P., the Florida Department of Health and Rehabilitation Services unsuccessfully appealed an order to pay costs and fees to an attorney appointed guard ad litem. By contrast, the Louisiana Department of Health and Human Resourc successfully appealed an order to pay attorney's fees for a representative appointed in abandonment proceedings. In that case, State in Interest of Dil lard, the Court of Appeals held that while it was within the authority of th court to appoint counsel for the children, the attorney appointed was employed by the Indigent Defense Board and duly compensated by that Board.

On the related point of who pays for the defense in civil actions agains alleged child abuse perpetrators, the Minnesota Supreme Court in Estate of Lehmann by Lehmann and Metzger held that a defendant's homeowner's insurance policy did not obligate the insurance company to defend a suit against him by the parents of a niece he was alleged to have assaulted when she was between the ages of 12 and 16. Although the jury found that the defendant did not intend to inflict bodily harm on the victim by his sexual assaults, such an intent would be inferred, therefore relieving the insurer of the obligation to defend pursuant to the intentional act exclusion in the homeowner's policy.

## Evidence in Child Maltreatment Proceedings

The majority of cases received into the Clearinghouse data base in 1985 centered on evidentiary issues--generally those that arise when a child is th prosecution's only witness. Avery examines the legal issues that must be addressed in balancing the competing objectives of protecting the child abuse victim while ensuring the defendant's constitutional rights, focusing the issu of competency and common assumptions concerning a child's ability to tell the truth and recall an experience accurately. Horowitz and Hunter, in a chapter in the Legal Rights of Children, discuss the child as a litigant and explore the evidentiary issue of competency as well as the question of whether and under what circumstances a child should be required to testify.

### Caselaw: Child Witness, Generally

Problems unique to child abuse prosecutions are seen in cases such as Sta v. Wood in which the defendant appealed his conviction for sex offenses agains a minor on the grounds that the 9-year-old victim was unable to testify with certainty as to the date of the offense and therefore the crime could not be adequately charged. The Supreme Court of North Carolina affirmed the conviction, however, finding that uncertainty as to dates and times should go to the weight rather than the admissibility of the evidence. Similarly, the defendant convicted of carnal knowledge of a girl under the age of 12 years in Oliver v. State challenged the victim's description at trial of what had transpired between them as lacking the requisite precision and specificity upon which to base a conviction. The Court of Criminal Appeals of Alabama disagreed and affirmed the conviction, holding that the victim's testimony coupled with the testimony of the examining physician presented a question of guilt sufficient to be presented to the jury.

In Polvado v. State, the defendant challenged his conviction of aggravated rape of a child on the grounds that the 7-year-old victim and her brother should not have been permitted to testify that their mother had coerced them into making certain tapes in which they denied that the defendant had sexually abused them. The Court of Appeals of Texas reversed the judgment and remanded the case for a new trial, finding that while the trial court had not erred in permitting the challenged testimony, it did improperly refuse to allow the jury to hear the tapes.

Caselaw: Child's Competency to Testify. In recent cases from various States, the child's competency as a witness was challenged on appeal from sex offense convictions, and in all of these cases the challenges were unsuccessful.

The Indiana First District Court of Appeals held in Oldham v. State that the trial court had not abused its discretion in allowing two 6-year-old victims to testify after the lower court had questioned both witnesses about whether they understood the difference between the truth and a lie. In the same State, the Second District Court of Appeals held in Pavey v. State that a 10-year-old is presumed competent to testify. The Supreme Court of Indiana, in Jarrett v. State, held that the State's rule that children under 10 years of age shall not be competent witnesses unless they understand the nature and obligation of the oath does not apply to statements given out of court. The Supreme Court of Wyoming in Larsen v. State held that it was not plain error to allow the 5-year-old victim, the defendant's son, to testify as to the incident charged, which occurred when the boy was 3 1/2 years old, in that the trial court had examined the boy prior to testimony and found he had a sufficient grasp of reality.

In Chapman v. State, the Georgia Court of Appeals found that the trial court had not abused its discretion in allowing a 10-year-old to testify under oath, holding that the standard is not that the child be able to define the meaning of an oath, nor that he understand the process under which the oath is administered, but rather that he know and appreciate the fact that as a witness he will be required to tell the truth relative to the case and concerning matters upon which he may be interrogated, and that he knows if he violates that obligation he will be punished. The same court in Eastep v. State again held that a trial court did not abuse its discretion in allowing a 10-year-old to testify if it is clear that the witness understood her obligation to tell the truth. The child's understanding of right from wrong and knowledge that she could be punished for not telling the truth were also critical factors in Webb v. State, in which the Court of Criminal Appeals of Oklahoma found that the defendant's 11-year-old daughter was competent to testify although she could not read and was unsure as to what school grade she was in and how many siblings she had. In a broad holding on the issue of the competency of child witnesses, the Court of Appeals of Texas in Hill v. State held that such ability to testify is to be determined by the trial court and not to be disturbed on appeal absent an abuse of discretion.

Caselaw: Hearsay. A major issue in child abuse-related judicial proceedings is the admissibility of evidence as to the child's out-of-court statement when the child is unable or unwilling to testify him- or herself. The rule against hearsay in general is fraught with exceptions that permit others to testify as to out-of-court statements and recent cases illustrate how courts apply these exceptions in child abuse cases.

In C.R.K. v. H.J.K., in which a juvenile court had restricted the visitation rights of a father adjudged to have abused his 2 1/2-year-old daughter, [illegible] Missouri Court of Appeals reversed the restriction order, holding that it was error for the lower court to admit hearsay testimony from the victim's mother, a police officer, and a psychiatrist, who had all testified as to the statements made by the victim, also finding that the child was not automatically rendered incompetent by virtue of age and could have been qualified at a witness subject to the court's discretion. However, in People v. Woith the Fourth District Appellate Court of Illinois found, in affirming a conviction for taking indecent liberties with a 14-year-old girl, that while her statements to her mother, a cousin, and a police officer were not admissible under the prompt complaint exception to the rule against hearsay, her statement to her mother could be admitted as a prior statement consistent with trial testimony and that the admission of the other two statements, while perhaps improper, was not in error to the degree sufficient to reverse the conviction. An important point of difference between these two cases appears to be that the child testified in the latter case, while testimony from the child in the former case was not attempted.

Under the excited utterance exception to the rule against hearsay, evidence of statements made immediately after a startling event or before the speaker has an opportunity to reflect are admissible. This exception was used to admit statements by child-victims of sexual assaults in South Dakota (State v. Bolt), Utah (State v. Kaytso), and Michigan (Matter of Meelboer). However, the Supreme Court of Colorado in W.C.L. v. People held that statements made by a young child to her aunt while the aunt was bathing her were not admissible under this exception in that the child had been startled by the aunt's reaction to her suggestive gesture rather than by the abusive incident.

The Colorado Court also held in this case that the medical treatment exception to the rule against hearsay did not apply to permit statements made to a physician to whom she had been referred for confirmation of abuse to be admitted into evidence, in that such consultation was not seen by the court as treatment. The Superior Court of New Jersey, Appellate Division, made similar findings in State in Interest of C.A., in which testimony concerning out-of-court statements made by two toddlers alleged to have been sexually assaulted by a babysitter were excluded from evidence as being admissible neither under the excited attendance nor medical treatment exceptions to the rule against hearsay.

In another child sexual assault case in Michigan, however, that State's Court of Appeals held in People v. Wilkins that in order to adequately diagnose and treat the impact of sexual abuse on a child, it is necessary that the source of abuse be identified and therefore such an identification is admissible under the medical treatment exception to the rule against hearsay.

Prior out-of-court statements by the child offered to bolster or reinforce the child-victim's testimony were found not to be admissible by courts in

Washington (State v. McDaniel) and Ohio (State v. Fawn), and in both cases the error in admitting such evidence was of sufficient magnitude as to require remands for new trials.

Caselaw: Bolstering a Child Witness' Testimony. The issue of whether testimony is admissible that bolsters or lends credibility to a child witness' testimony may arise in child abuse prosecutions, as it did in State v. Love, Lawrence v. State, and State v. Haseltine. In the first case, the Supreme Court of Minnesota held that testimony by a psychiatrist that a victim said nothing to indicate that she was being untruthful was properly admitted, especially when the evidence in question was cumulative. Similarly, in the second case the Supreme Court of Indiana held that the testimony of a clinical social worker as to the child's truthfulness was also admissible. However, in State v. Haseltine, the Wisconsin Court of Appeals held that because the victim's account of sexual contact was not corroborated by independent evidence, it was prejudicial error for the trial court to admit a psychiatrist's opinion that the victim (the defendant's 16-year-old daughter) was an incest victim, implying that she was telling the truth about allegations of sexual contact, in that there was no evidence that she suffered from any mental or physical disorder which would have affected her credibility.

Caselaw: Due Process Right to Confront Child Witness. Another issue faced by courts in child abuse-related proceedings is the difficulty in assuring the defendants' constitutional right to confront and cross-examine witnesses against them. The Superior Court of Pennsylvania addressed this issue, as well as a hearsay question, in In Interest of Leslie H. In this case, which orginated in juvenile court, the parents appealed a finding of dependency based on a State agency's petition alleging sexual abuse of the daughter by her father. In vacating the order remanding custody of the daughter to the State agency, the Superior Court found that the testimony of the State investigator concerning the history of alleged sexual abuse by the father, as well as testimony of the daughter's friend as to the girl's reaction to the abuse, was hearsay, because the trial court failed to limit use of the testimony to the issue of the daughter's state of mind. The court also held that the due process rights of the parents to confront and cross-examine the witness had been violated by allowing the girl to testify in camera without the parties or counsel present and without a record being made. Due process requires that counsel be present at in-camera testimony and that a transcript be made. However, in a 1985 Maine case, In re Jo-Nell C., which also originated in juvenile court, the parent's due process rights were limited. In this case, the father of a 17-year-old girl appealed from a child protection order giving custody of his daughter to the Department of Human Services. In affirming the order, the Supreme Judicial Court of Maine held that it was not a violation of the father's due process rights to exclude him from the courtroom during the daughter's testimony and to prevent him from calling the daughter as his own witness.

In a Minnesota criminal case, Moll v. State, which raised related due process/confrontation questions, the defendant was convicted in district court of criminal sexual conduct, and he appealed from an order denying his petition for postconviction relief. The Court of Appeals of Minnesota reversed and remanded, holding that when unconstitutional language is used in jury instructions, a defendant is denied due process and is entitled to a new trial. However, a criminal defendant himself does not have the right to attend the chamber examination held to determine the competency of child witnesses, but counsel should be permitted to attend a chambers examination unless the court finds that counsel's presence will likely intimidate the child or interfere with child's ability to communicate.

Caselaw: Corroboration. The necessity for corroboration of the testimony o rape victim applies only to a victim who is considered an accomplice witness and not to a child rape victim under the age of consent, found a Texas Court c Appeals in Hill v. State. A defendant's admission to the 9-year-old victim's mother that he had sexually touched her daughter was sufficient corroboratio as required by New York's penal provision, according to an appellate divisio of that State's supreme court in People V. Holdridge.

Caselaw: Videotaping of Child Witness' Testimony. Videotaping of a child v tim's testimony, especially in sensitive sexual abuse prosecutions, is a current means of hearing evidence that is intended to reduce the traumatic impa upon the child of participation in the judicial process while assuring the defendant's constitutional rights to confrontation and cross-examination of witnesses. Florida's First District Court of Appeals found in Washington v. State that it is within the trial court's discretion to allow videotaping of sexual battery victim 11 years old or younger. A New Jersey Superior Court, when requested by the prosecution in State v. Sheppard for permission to present the testimony of the 10-year-old victim through videotape, held in granting the request that the defendant's right of confrontation is not absolute and must be weighed against the harm to the child in testifying in person. It also held that the defendant, judge, and jury must be able to see the videotape clearly, and adequate opportunity for cross-examination must be provided.

In State v. Messier, the issue was what to do when the videotape malfunctions. The defendant appealed a trial court order granting a mistrial after videotape of the 11-year-old victim malfunctioned and the victim was found to be unavailable to testify due to illness and a previous ruling that she would be unable to testify without suffering harm. In affirming the trial court order, the Court of Appeals of New Mexico found that the trial court had proper exercised its discretion in ordering a mistrial under the circumstances.

Videotape of a child witness' testimony should be distinguished from othe electronic recording of child witnesses, as in State v. Martin, in which the defendant was convicted of statutory rape and appealed. In reversing the conviction, the Supreme Court of Washington held that it was error for the trial court to admit video- and audiotapes of hypnotic sessions with the victim, the defendant's 10-year-old stepdaughter, who was unable to remember anything concerning the alleged rape prior to her hypnosis. Using the standard in Frye v. United States, 293 F. 1013, 1014 (D.C. Cir. 1923), the court held that while hypnotized witnesses may not testify in criminal trials as to facts not remembered prior to hypnosis, they may testify as to facts recalled prior to the hypnosis.

Caselaw: Professional Privileges and Confidential Communications

Certain communications, such as between physicians or mental health therapists and their patients, have traditionally been viewed as confidential and not subject to courtroom disclosure. Such professional privileges have generally been abrogated, either by statute or caselaw in child abuse proceedings when they serve to limit the introduction of evidence that would assist in child protection. However, the trend toward the total abrogation of professional privileges in child abuse proceedings may be changing as evidenced by two 1984 cases.

In an Alaskan case, State v. R.H., a clinical psychologist, who was subpoenaed to appear and bring certain of his records before the grand jury investigating criminal charges of sexual abuse which had been filed against one of his patients, sought an order quashing the subpoena on the ground that his disclosure of the confidential communications would violate his ethical obligations as a psychologist. The Superior Court, Third Judicial District, quashed the subpoena, and the State petitioned for review. The Court of Appeals of Alaska affirmed, holding that an exception to the physician-patient privilege rule does not apply to testimony on the results of an evaluation before a grand jury investigating a criminal charge, when preparing evidence for the grand jury was not the purpose for which the evaluation and examination was ordered and that it is incorrect to interpret State legislation as meaning that the psychotherapist-patient privilege should be abrogated in child abuse cases.

Similarly, in State v. Jollo, the defendant appealed his conviction for taking indecent liberties with a minor. In reversing the conviction, the Court of Appeals of Washington held that incriminating statements made by the defendant to a therapist during a psychological evaluation were not admissible. This evaluation had been required by the State as a condition of a plea bargain. The statements were held to be made in connection with and relevant to an offer to plead guilty. The fact that the defendant and not the State had breached the plea agreement had no bearing on the admissibility of the statements.

However, the very recent trend toward recognizing professional privileges in child abuse cases is not absolute. In State v. Odenbrett, the defendant was convicted of two counts of criminal sexual conduct in the second degree, and he appealed. In affirming the conviction, the Supreme Court of Minnesota held that the information which the defendant had revealed in voluntary psychotherapy sessions had been properly disclosed to law enforcement officials by staff members of the mental health unit, and such disclosure was authorized by the Child Abuse Reporting Act, and thus did not violate the defendant's medical privilege. Information which normally would be sheltered by the statutory medical privilege was found to lose its privileged status to the extent that its disclosure is authorized by the Child Abuse Reporting Act.

### Caselaw: Other Evidentiary Issues in Child Abuse Proceedings

Whether circumstantial evidence was sufficient to sustain a conviction was the issue in a Louisiana case, State v. Matthews, in which the defendant was convicted of intentionally cruel treatment of a juvenile, and he appealed. The defendant had been babysitting with the victim, who was found to be badly bruised when his mother returned home. The court of appeal ruled that the evidence was sufficient to sustain the defendant's conviction. The sufficiency of proof that a crime had been committed was the issue in Kackley v. State, in which the defendant was convicted of multiple counts of sexual offenses against an 11-year-old girl and appealed. In affirming the conviction, the Court of

Special Appeals of Maryland held that in a prosecution for rape, proof of pe tration may be by medical evidence or by the testimony of the victim, or by combination of both. In this case, the victim's testimony plus that of a h sician was sufficient to sustain a conviction.

Also, in Wilcher v. State, in which the defendant appealed a convicti child molestation, the Court of Appeals of Georgia held that the testimony f the 7-year-old victim that the defendant had raped her, plus her similar stat ments to her mother, sister, and a police officer, and a physician's diagno i of gonorrhea were sufficient to establish guilt beyond a reasonable doubt, n thus affirmed the conviction.

A variety of evidentiary issues were presented in State v. Spencer, in which the defendant was convicted of first-degree intrafamilial sexual abuse and appealed. In affirming the conviction, the Court of Appeals in Minnesota held that it was not error to admit evidence that the defendant's wife had r ticipated in the abuse since her participation was an integral part of one f the crimes charged; that it was not error to admit testimony of a neighbor gir and another of the defendant's daughters concerning the defendant's sexual n tact with them to show common plan or scheme; that it was not error to admit testimony concerning the defendant's harsh discipline; and that it was not prejudicial to the defendant that the State's physician witness testified as to the size of the victim's vaginal opening without cross-examination of the victim as to other sexual activities.

The admissibility of testimony of an expert witness was the issue in St e v. Dumlao, in which the defendant parents were convicted of injury or risk o injury to a child and appealed. In affirming the conviction, the Appellate Court of Connecticut held that it was not error to admit the testimony of a qualified medical expert witness that the 2-year-old victim suffered from the "battered child syndrome," and his explanation of this diagnosis and any deficiencies in his testimony should go to the weight, rather than the admissibility, of the testimony. The issue was also raised in a Louisiana juvenile cour case, In Interest of Gray, where a father appealed a trial level ruling findi his children to be in need of care and placing them in the custody of the Department of Health and Human Resources. In affirming the judgment, the Court of Appeal of Louisiana held that although the trial court did not qualify the proferred physician as an expert in child abuse, his testimony was nonetheless admissible as the attending physician. The court of appeal went on to find that the physician's testimony did not go beyond that of a licensed physician and was therefore admissible in toto.

Additional questions in regard to expert witnesses in child abuse prosecutions were raised in House v. State, in which the defendants were convicted of cruelty to a child and appealed. In affirming this judgment, the Court of Appeals of Georgia held that the trial court did not abuse its discretion in refusing the defendants' request for funds for an independent expert witness. The defendants objected to the testimony of the State's expert witness, a pediatrician, on the grounds that he had no special training as a child abuse expert. It was found that the trial court had not abused its discretion in admitting the testimony, since there is no medical speciality in child abuse, and it is a part of every pediatric residency program to have exposure and training in the diagnosis and treatment of child abuse cases.

Expert testimony was again an issue in *Matter of Hughes*, in which the trial court had adjudged a 2-year-old child to be an abused and neglected juvenile and was placed in the custody of the Department of Social Services, and the mother appealed. In affirming the order, the Court of Appeals of North Carolina held that the testimony of the physician who treated the child for burns was admissible to explain possible causes of the burns.

The defendant's request for an independant psychiatric examination of the victim was one of the issues raised on appeal in *State v. Garay*, in which he had been convicted of indecent behavior with a 5-year-old girl. The Louisiana Fourth Circuit Court of Appeal affirmed the conviction, holding that the defendant was not entitled to such an examination, although the alternative request for access to medical, psychiatric, and social reports had been properly granted.

## Caselaw: Other Issues in Child Abuse Prosecutions

Nonevidentiary issues have also been raised in recent child abuse-related criminal court proceedings. Questions in regard to the constitutionality of the penal provisions under which crimes against children are prosecuted, the legal defenses to such crimes, and the sentencing of those convicted of such crimes were addressed by State appeals court in 1984 or 1985.

### Caselaw: Statutory Construction of Penal Provisions

State laws concerning crimes against children in Minnesota and Idaho were examined by the highest courts in those States to determine if their provisions gave constitutionally adequate notice of the actions that could result in criminal liability. In *State v. Becker*, the defendant appealed a conviction for intrafamilial sexual abuse. In affirming the conviction, the Supreme Court of Minnesota held that the intrafamilial sexual abuse statute was not void for vagueness. Although the statute provided for prosecution for multiple acts occurring over an extended period of time, it detailed the kinds of sexual contact made criminal and specified the persons with whom such contact was prohibited. The court also held that the timespan that constitutionally may be included with a charge under the statute must be reasonable under all the circumstances of the case but cannot exceed the period of the statute of limitations. A timeframe must be set forth in the complaint or indictment.

In *State v. Harmon*, the defendant was convicted of committing lewd and lascivious acts upon a child under 16 years old pursuant to Idaho Code Sec. 18-6607 and appealed. In affirming the conviction, the Supreme Court of Idaho held this provision was not unconstitutionally vague in that it set out in detail what acts are in violation of the statute, and previous rulings in cases brought under the statute afforded the defendant adequate notice that his acts would violate the statute.

The Supreme Courts of Mississippi and Arkansas were also called upon to examine their State penal laws regarding sex offenses against children. In *Jackson v. State*, the defendant had been convicted before a circuit court of carnal knowledge of a 6-year-old girl, and he appealed. The Supreme Court of Mississippi affirmed, holding that a statute that refers to an accused as "any person" but specifies the victim as "female" does not unconstitutionally d s criminate against males; that penetration to the extent of causing traumatic injury to a child's genitals is sufficient penetration within the meaning of the applicable Mississippi statute; and that when a doctor finds abrasions a child's private parts of significant magnitude to cause bleeding, it is sufficient enough to constitute tearing within the meaning of the applicable Mississippi statute.

Not all State penal provisions are interpreted in favor of the prosecuti however. In Kramer v. State, the defendant had been convicted of sexual ab s in the first degree, and he appealed. In reversing the conviction, the Sup e Court of Arkansas held that the relevant statute was to be strictly construed with all doubts resolved in favor of the defendant. Thus, since the defendan touching of the victim's buttocks is not prohibited under the statute, the viction was overturned.

### Caselaw: Defenses

The defenses of mistake as to age and consent were rejected by two Calif courts in two separate 1984 cases. The former defense was cited in People v Olsen, in which the defendant was convicted of lewd and lascivious conduct with a child under the age of 14, and he appealed, citing a good faith, reaso able mistake as to the victim's age. In affirming the conviction, the Supreme Court of California held that such a defense was not valid. In People v. Cicero, the defendant was convicted in superior court, Butte County, of comm ting lewd and lascivious acts upon a child under the age of 14 by force, and he appealed. The Court of Appeal, Third District, affirmed the conviction, holding that lewd acts accomplished by deception amount to fraud in the fact, so that there is no consent as a matter of law. The court further held that force refers to a method of obtaining a child's participation in a lewd act i violation of a child's will, and not exclusively as a means of causing physic harm to the child.

An alibi defense was among the issues asserted in State v. Clark, in whi the defendant was convicted of sexual intercourse without consent with his mi stepdaughter, and he appealed. The Supreme Court of Montana affirmed the conviction, holding that when a defendant's assertion of an alibi defense does not change the nature of the offenses charged against the defendant, the tria court is not in error when it allows the defendant to be charged and tried on amended information; and when alibi evidence is not properly presented by witnesses testifying as to their own opinions and perceptions, the trial court may properly exclude that evidence.

A defense created by State law was recognized in People v. Lybarger, in which the defendant had been convicted of felony child abuse resulting from th death of his child and appealed. In reversing the conviction and remanding fo a new trial, the Supreme Court of Colorado held that it was error for the trial court to declare that the statutory affirmative defense of treatment by prayer created by sections 18-6-401(6) and 19-1-114, 8 C.R.S. (1978) directly violated the constitutional prohibition against the enactment of any law respecting the establishment of religion. It found that upon remand, the trial court would limit itself to consideration of the issues raised by the parties.

Years of maltreatment was the defense offered by an adolescent boy convicted of the voluntary manslaughter of his father in Jahnke v. State. At the time of trial, the defendant had sought to establish a defense based upon long years of abuse at the hands of his father, similar to the "battered-wife syndrome." The Supreme Court of Wyoming affirmed the conviction, holding that the trial court is well within the limits of its discretion when it refuses to permit voir dire examination questions not designed to reveal hidden bias or prejudice; that it is not an abuse of discretion to refuse questioning during voir dire on propositions of law or instructions that might be given at the conclusion of the trial; that absent a showing of circumstances involving an actual or threatened assault against a defendant, the reasonableness of the defendant's conduct is not in issue, and the trial court may properly exclude hearsay testimony concerning that issue; and that a sentence within the statutory limits will not be disturbed upon appeal absent a clear abuse of discretion.

## Caselaw: Sentencing

The terms or conditions imposed at sentences upon convictions for crimes against children were the primary issues in four 1984 cases. In People v. Gauntlett, the defendant had been convicted of criminal sexual conduct arising from acts of sexual intercourse with his 14-year-old stepdaughter and was sentenced to 5 years probation, with the first year to be served in the county jail. Treatment with the drug Depo-Provera was a condition of probation. The Michigan Court of Appeals found that the probation condition requiring the defendant to undergo treatment with the experimental drug was invalid under the statute (M.C.L.A. ss 330.1629(3), 771.3(4), 800.282); that the sentence of probation was an abuse of discretion, since it was significantly disproportionate to harsher sentences generally imposed on similarly situated defendants; that imposition of a greater sentence on resentencing would not violate the defendant's double jeopardy rights; and that the sentencing judge should be removed from the case.

In Weekley v. State, the defendant had been convicted of two counts of sexual battery by a person over 18 years of age on a victim 11 years old or younger, and he was sentenced to life imprisonment with a 25-year minimum. On appeal of the sentence, the Florida Fourth District Court of Appeal held that the sentence imposed was valid for that charge. In State v. Wheeler, Louisiana's Fourth Circuit Court of Appeal considered a sentence of life imprisonment imposed after the defendant's conviction for a sex offense against a 9-year-old boy and guilty plea to being a quadruple offender. In this case, the court of appeals held that evidence was sufficient to sustain the conviction and that the trial judge had not abused his discretion in imposing a life sentence. In State v. Dillon, the defendant had been convicted of five counts of sexual contact with a minor and sentenced to five consecutive terms in the State penitentiary, and he appealed. In affirming the conviction and sentence, the Supreme Court of South Dakota held that the sentences were within the statutory limits and did not shock the conscience of the court; therefore, they would not be reviewed on appeal.

## Civil Child Protection Proceedings: Procedures and Issues

While many of the recent issues raised in the context of juvenile and other noncriminal court child protection proceedings originated in court actions recorded in published cases, a monograph by Hirsch, McIntosh, and Huenink [illegible] vides an overview of recent juvenile court practice covering a range of children's cases. Their model intake guidelines for children in need of prote[illegible] or services reflect statutes, case law, and practice standards current as [illegible] 1984. In addition to general court intake guidelines, jurisdictional requir[illegible]ments and best interest considerations are delineated for the various juven[illegible]l jurisdictional categories. These categories include children who are witho[illegible]t a parent/guardian, abandoned children, victims of physical or sexual abuse, victims of neglect, habitual truants from home or school, children in need of special care or treatment, and children suffering emotional damage. Additi[illegible]n categories cover children who have committed a delinquent act, have not bee[illegible] immunized, have been placed for care or adoption in violation of the law, and whose parent or guardian requests court intervention. Factors to be consid[illegible] in determining the child's best interests are discussed in terms of definitions, evidentiary requirements, and necessary investigatory procedures. Cas[illegible] examples are also provided.

Caselaw: Termination of Parental Rights

The most serious possible consequence of juvenile court actions in chil[illegible] treatment cases is the termination of parental rights, an order which legall[illegible] and permanently severs the relationship between parent and child. Given the gravity of parental rights termination, which one Supreme Court Justice term[illegible] "the death sentence for the family," courts of appeal carefully scrutinize s[illegible] decisions to ensure that they are indeed dispositions of last resort and that the legal rights of all parties are protected.

Caselaw: Standard of Proof. In Matter of Montgomery, parents appealed a te[illegible]mination order, based on a finding of neglect. A North Carolina Court of Appeals reversed the finding of neglect, and the Department of Social Service[illegible] appealed. In reversing the judgment of the court of appeals, the Supreme Court of North Carolina held that it was error for the court of appeals to require a standard of proof of neglect that included proof of failure to meet i[illegible]tangible, noneconomic needs of the children as well as their physical and economic needs. It was also held that due process rights did not require a separate finding regarding these intangible, noneconomic factors. However, the court also found that State law N.C. Gen. Stat. ss 7A-289.32, which provides in part that parental rights may be terminated when parents are mentally ill or retarded and evidence of neglect is shown, was valid and reasonable exercise of the State's police power and did not violate substantive due process or equal protection rights.

Caselaw: Counsel for Parent. Florida's First District Court of Appeal heard In Interest of M.J.W., in which a mother sought review of an order of the circuit court terminating her parental rights based upon violation of a performance agreement. In affirming the trial court's findings and order of termination, the district court of appeal held that although appointed counsel for indigents must be offered in proceedings involving permanent termination of parental rights, the execution of a performance agreement does not involve the termination of rights and so does not require the appointment of counsel. It was also held that although the child's wishes may be a relevant consideration, they are not the controlling factor. Further, the court ruled that it is within the discretion of the trial court to determine whether to call the child as a witness.

Caselaw: Evidence. In reversing an order terminating parental rights, the Supreme Court of North Carolina held in Matter of Ballard that evidence of neglect by a parent prior to losing custody of a child, including an adjudication of such neglect, is admissible in subsequent proceedings to terminate parental rights. However, the trial court must also consider any evidence of changed conditions in light of the evidence of prior neglect and the probability of repetition of the neglect. An adjudication that a child was neglected on a particular prior day does not bind the trial court with regard to the issues before it at the time of a later termination hearing.

Caselaw: Indian Child Welfare Act (ICWA). In Matter of Welfare of T.J.J., the mother of children who had been removed from her custody appealed an order terminating her parental rights. In affirming the termination order, the Court of Appeals of Minnesota held that although the mother was a Chippewa Indian and was entitled to a finding of termination not only under State law but also under the Indian Child Welfare Act, there was sufficient evidence of neglect to satisfy the standards for termination under both acts, and that the expert witnesses were properly qualified under the Indian Child Welfare Act.

Caselaw: Due Process Challenges. Statutory provisions under which parental rights were terminated were examined by appeal-level courts in Illinois and Arkansas, and State law authorizing removal of the child from the home was similarly examined by New York's Court of Appeals. In Interest of M.B.C. the natural father appealed an order terminating parental rights. In affirming the order, the appellate court found that Illinois Revised Statutes 1983, chapter 40, paragraph 1501 (d)(i) was not unconstitutional as being overly vague. In this section, termination of parental rights may be based upon a finding of "depravity." It was also found that testimony concerning the father's five criminal convictions was properly admitted as evidence of depravity. It was also found not to be error for the trial court to refuse to allow expert testimony from a minister with a degree in sociology and counseling, postgraduate training at a State hospital, and experience with family counseling, as to his opinion of the father's fitness as a parent.

In Thompson v. Arkansas Social Services, Arkansas Social Services filed a petition to terminate the parental rights of a mother and putative father and place the child for adoption. The father appealed the granting of the petition, challenging the statute under which parental rights were terminated on substantive due process and void for vagueness grounds. In affirming the granting of the petition, the Supreme Court of Arkansas found the statute to be constitutional. Ark Stat. Ann. sec 56.128 (F) (1) and (H) provides for termination of parental rights if "placing the child in the custody of the parent would raise a substantial risk of serious harm to the child." In determining the risk, the court may consider "longstanding and uncontrollable mental or emotional illness or mental deficiency of the parent." Parental rights may also be terminated under the statute if "the parent has failed or neglected without reasonable or lawful cause to provide ... for the basic, essential and necessary physical, mental, or emotional needs of the child for a period of 1 year." The court found that "parental rights are not immune from interference by the State in its role of parens patriae." The court dismissed the vagueness challenge by stating that mathematical certainty is not required in a statut so long as the language is capable of common understanding.

In Matter of Marie B., a New York State Family Court granted a mother' motion to dismiss the county's petition for removal of a child from the mothe care and custody based on the mother's violations of conditions of an adjou ment in contemplation of dismissal entered in a previous neglect proceedin The court also dismissed the original neglect petition. The county appealed. The supreme court, appellate division, affirmed. The county again appealed The Court of Appeals of New York affirmed the order, holding that a provisi that authorizes a conclusive finding of parental neglect and the consequent removal of a child, without actual determination of whether the child has in fact been abused or neglected, is unconstitutional.

### Caselaw: Powers of Juvenile Court

Juvenile Courts generally have broad powers in equity; that is, they ha authority to issue orders, in certain circumstances, beyond narrow statutory grants of authority. Examples of this equitable power are seen in two recen cases involving the issuance of protective orders. In both cases, the extraordinary authority of the juvenile court was involved in the interest o child protection.

Caselaw: Protection Orders. New York's Richmond County Family Court issued opinion concerning child protection of the unborn in Gloria C. v. William C., in which a mother had petitioned for a protective order against her husband behalf of her unborn child, alleging she had been assaulted by her husband several times. The court held that an order of protection may be issued to a unborn child when it is requested by the natural mother, and the fetus is wit in a zone of danger amenable to legal redress. The court also held that the birth of a child is not a condition precedent to enforcement of an order of protection issued on behalf of the fetus.

The power of the juvenile court extends to barring perpetrators of abuse from the home, according to the Minnesota Court of Appeals in Matter of Welfa of G.S. In this case, a stepfather had been adjudicated neglectful and order to complete treatment programs and to stay away from the marital home, where the child resided with her mother. On appeal, the court of appeals held that the lower court did not err in excluding the stepfather from the marital resi dence until he completed treatment programs. The court also found that the stepfather could not appeal the contempt order against him for failure to com plete treatment programs.

### Caselaw: State Child Protective Service Functions

The U.S. Ninth Circuit Court of Appeals considered the issues surroundin day care facility inspection in a 1985 case, Rush v. Obledo. In this case, the operator of a licensed residential day care center and an association of day care center operators challenged a California statute and regulations which permitted warrantless searches and inspections of family day care homes The ninth circuit held that the vital governmental interest in the protectio of children was furthered by warrantless inspections and that the regulation of family day care homes was sufficiently pervasive that all providers would be alerted that they would be subject to effective inspections. Therefore, warrantless inspections of family day care homes fall within the pervasively regulated business exception to the warrant requirement of the fourth amendment. The court went on to state that the California statute, as drawn, was overbroad in that it permitted general searches of any home providing care at any time of the day or night. However, regulations limited inspections to those portions of the provider's home where day care activities take place only when the home is being operated as a day care business. Thus, the statute, limited by the regulations did pass constitutional muster.

County liability for the death of a child in foster care was the question before the Appellate Division, Second Department of the New York Supreme Court in Barnes v. County of Nassau. In this case, the grandfather of a child who was beaten to death in a foster home brought action against the county for negligence in placing the child, in investigating complaints of abuse, and in failing to remove him from the foster home. The county moved to amend its answer to include the defense of immunity. When leave was denied, the county appealed. In affirming the denial of the motion to amend, the appellate division of the supreme court held that the claim of immunity could not be rasied to prevent inquiry into alleged negligent acts on the part of the county. The placement of children in foster homes does not amount to a discretionary act sufficient to trigger immunity.

The same court was called upon to decide a request for expungement of a State central register record in Ebankes v. Perales. In that case, a child care worker petitioned to expunge the State central register of a report of an altercation between the worker and a 16-year-old resident of a residential home in which the juvenile was injured. Following a hearing, the appellate division of the supreme court determined that the record must remain in the central register, as there was credible evidence of maltreatment.

## Publications for Attorneys, Judges, and Prosecutors Handling Child Sexual Abuse Cases

As a cursory review of the cases cited above illustrates, a great deal of attention has been focused recently on the legal system's response to child sexual abuse cases and the prosecution of sex offenses against children. A number of current publications are available to assist attorneys, judges, and prosecutors in understanding and handling incidents of this form of maltreatment. These publications are the products of experience in dealing with child sexual assault victims and research into the legal bases for responding to this problem.

Federal and State laws addressing child pornography, child prostitution, and the protection of the sexually victimized child are reviewed and critiqued in a monograph from the National Legal Resource Center for Child Advocacy and Protection of the American Bar Association. The Canadian legal system's response to this problem is discussed in Boyle's book, which provides the legal practitioner and academic with a guide to the concept of sexual assault, a concept that was introduced to Canadian criminal law in January 1983 by the Criminal Law Amendment Act. Also relevant to child protection under Canadian law are the extensive recommendations for legal reform presented by the Committee on Sexual Offenses Against Children and Youths in Ottawa, Canada, designed to improve assistance to sexually abused children and aid in the prevention of child sexual abuse.

Policy recommendations based on the psychological issues and research relevant to the participation of sexually abused children in the American legal system are presented in Melton's article that addresses questions of the child's competency to testify and the procedural and evidentiary reforms neede needed to protect child witnesses. The psychological aspects of the sexually victimized child's involvement with the legal system is also the focus of an article by Krieger and Robbins. After reviewing the effects of the adolescent incest victim's contact with the judicial system, this paper presents a conceptual framework for understanding an incest victim's reaction to the judicial system and offers suggestions for mitigating any negative impact.

Among the publications written to assist in the prosecution of child sexual abuse cases is an article by Berliner and Barbieri that identifies some of the social and legal barriers to the successful prosecution of child sexual abuse cases and the child victim's successful participation in such cases. The article also suggests steps for reducing, eliminating, or overcoming these barriers. Bauer provides recommendations for prosecutors in preparing the sexually abused child for court testimony, including a detailed description of how to adequately prepare the child. Bauer notes that adequate preparation of the child is an important preventive step to forestall emotional and psychological trauma to the child. The Hennepin County Attorney's Office, Sexual Assault Services (Minneapolis, Minnesota) has published two booklets explaining the court system to child witnesses at a sexual assault trial, with Ruzicka's pamphlet for children under 8 years old and Flynn's booklet for older children.

Sexual offenses committed by, rather than against, the young are discussed in Knopp's monograph. Directed to judges, prosecutors, and legislators, this pamphlet presents a rationale for early specialized therapeutic intervention in sexually aggressive behaviors by youth. It also highlights criteria for early intervention and risk assessment, treatment goals and methods, and recommendations for comprehensive State planning.

## Definitions of Child Abuse and Neglect

One law review article is devoted to an aspect of legal research discussed more extensively in earlier reviews; the consideration of what actions or omissions constitute child maltreatment or the legal definition of child abuse and neglect. Brigman's article examines the medical and psychological case against routine neonatal circumcision and discusses the potential legal and constitutional barriers to treating the practice as child abuse. This discussion, therefore, is an examination of whether routine neonatal circumcision may be defined in a legal sense as abusive.

# Chapter III: Bibliography

## Current Research in the Law of Child Abuse and Neglect

[Please note: For consistency of reference, cases as well as other publications are listed by author and are therefore listed by State.]

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## CHAPTER IV

# CURRENT CHILD ABUSE AND NEGLECT RESEARCH FOR MENTAL HEALTH PROFESSIONALS

In recent years, professionals in the fields of psychology, psychiatry, and related disciplines have made significant contributions to the study of child maltreatment. Published journal articles, monographs, books, and individual book chapters received by the Clearinghouse on Child Abuse and Neglect Information database in 1985 are reviewed in this chapter.

Following the structural format of The Role of the Mental Health Professional in the Prevention and Treatment of Child Abuse and Neglect, a publication in the National Center on Child Abuse and Neglect (NCCAN) User Manual Series, this chapter highlights recent publications by and for mental health professionals written to assist in the identification, treatment, and prevention of child abuse and neglect. Particular emphasis is placed on works intended to provide mental health professionals with an overview of child maltreatment research findings, to assist in the recognition of the indicators of various forms of maltreatment in children and parents, to report current developments in assessment and risk prediction, and to share recent treatment and prevention research findings.

## Overview of Child Abuse and Neglect: Research on Etiology and Sequelae

The standing body of knowledge in the mental health disciplines on the causes and effects of child maltreatment was supplemented last year by articles based on earlier research. Green's editorial cites recent studies on the causes and long-term effects of child maltreatment and urges continued research into specific types of maltreatment at a pace adequate to meet the national sense of urgency about child abuse and the increase in case reporting and finding. The research standards noted in this editorial include Estroff and colleagues' 1984 study describing greater psychopathology in mothers of maltreated children than in a comparison group and reporting differences among subtypes of maltreating mothers; the Herrenkohl et al. (1984) study indicating that abusing parents exhibit more negative and hostile behavior and less affection and verbal interaction than nonmaltreating controls; studies by Wasserman et al. (1983), Gaensbauer and Sands (1979), and Gaensbauer et al. (1980) describing the behavior of abusing parents and its detrimental effects on their children; and the work of Monane et al. (1984) and Tarter et al. (1984) demonstrating that a relationship exists between a prior history of physical abuse and the subsequent development of violent deviant behavior in children and adolescents.

### Etiology or Causes of Child Maltreatment

**Incest.** Alexander examines father-daughter incest from the perspective of general systems theory, and describes the characteristics of an open system with respect to the functioning of incestuous families. Two case studies of families with father-daughter incest illustrate the tendency of these families to be more characteristic of the "closed" end of the continuum.

**Infant Maltreatment**. Further research on the causes of inorganic failure to thrive (FTT) and other types of infant maltreatment is presented by Call, who discusses the psychobiological origins of violence within the mother-infant dyad and shows why "failure to thrive without organic cause" (FTT) and other kinds of abuse and neglect in infancy can be understood within the framework of attachment theory and as one of the symptoms of attachment disorder. Solni also addresses the etiology in the abuse and neglect of infants in a paper given at the Children's Institute International Conference on Infant Mental Health, February 18, 1983, in Pasadena, California. In that paper, the author discusses the concepts of vulnerability to and the risk of child abuse and neglect as well as the parent-child interaction.

## Sequelae or Effects of Child Maltreatment

**Sexual Abuse**. Two recent studies examined the eventual effects of sexual victimization on adult women molested as children. In Sedney and Brooks' research a nonclinical population of college women was surveyed about childhood sexual experiences, current symptoms, and demographic backgrounds. Among the findings of this survey is evidence that early sexual experience with a family member apparently had negative consequences over and above those resulting directly from the early sexual experience; adults who had been abused as children reported significantly greater symptoms of depression, anxiety, and self-abusive behavior; sexual activity involving intercourse that occurred more than once or after puberty yielded particularly high levels of symptoms; and women whose experiences occurred within the family were at greater risk of disturbance than women whose experiences occurred outside the family. Becker and colleagues at Columbia University conducted a study to determine the long-term effect of sexual assault on the sexual functioning of assault survivors. They found that of 371 sexual assault survivors evaluated, more than 40 percent reported experiencing sexual problems as a result of their assaults. The authors also found that these assault-related sexual problems can be chronic and endure for many years.

## Recognizing Behavioral Indicators in the Child of Physical Abuse and/or Neglect

Six psychological research studies of the behavioral characteristics of children have implications for identifying the victims of physical abuse and/or neglect. Lamphear reviews current research findings on maltreated children's social and behavioral characteristics, school adjustment, academic performance, social cognition, and attachment behavior, noting psychological sequelae in these areas that distinguished these children from nonabused peers. However, Lamphear also notes that while there is wide consensus that child victims of maltreatment are at risk for future social and psychological maladjustment, conspicuously few controlled empirical studies exist that examine this problem.

Friedrich and Einbender also reviewed clinical research literature relating to the abused child, including epidemiological studies, behavioral studies, and studies of the cognitive and intellectual functioning of these children. Study results strongly suggest that abused children manifest serious problems in emotional development that appear to be a result of the abuse; clinical impressions of low self-esteem, behavioral problems, and poor social relationships have been supported by comparison group research; and a high incidence of emotional problems in abused children consistently has been documented by research.

Crittenden's two-part study of maltreated infants offers evidence supporting a model of bidirectional effects in which the mother initiates the maltreatment, but subsequent mother and infant behavior supports the aberrant interaction. The study questioned whether differences between maltreated and adequately reared infants exist at birth and identified behavioral differences. Study results indicate that abused infants were difficult, mildly developmentally delayed, and angry when stressed. Neglected infants tended to be passive, significantly developmentally delayed, and helpless when stressed.

Main and George studied the behavorial responses, specifically responses to distress in peers, of abused toddlers in a day care setting as compared with nonabused toddlers from families experiencing stress. Both groups were from disadvantaged families. Not one abused toddler showed concern in response to the distress of an agemate. Instead, the abused toddlers often reacted to an agemate's distress with disturbing behavior patterns not seen in the control toddlers, such as physical attacks, fear, or anger. Three of the abused toddlers alternately attacked and attempted to comfort peers found in distress. The authors note that similar aversive and angry responses to distress in others have been described by investigators working with abusing patterns.

Child psychiatric inpatients aged 6 to 13 were the subjects of Kazdin, Moser, Colbus, and Bell's research designed to evaluate depressive symptoms among physically abused and nonabused psychiatric inpatient children. As predicted, physically abused children, compared to nonphysically abused patient control subjects, evinced significantly lower self-esteem and greater depression and negative expectations toward their futures. Among abused children, those with both past and current abuse showed more severe symptoms of depression than did those with either past or current abuse only. The differences in depressive symptoms between abused and nonabused children could not be accounted for by differences in child psychiatric diagnosis, age, race, gender, IQ, severity of psychopathology, or parent psychiatric diagnosis, marital status, or socioeconomic status. The results suggest that physical abuse, at least for a psychiatric patient sample, is related to symptoms of depression.

Putnam and Stein's review and classification of clinical and behavorial syndromes that can result in self-inflicted injuries in children includes an analysis of the behavioral ramifications of the battered child syndrome. This syndrome, they found, has been associated with a higher than average incidence of behavior such as suicide attempts, ideation, and self-mutilation.

## Disabled Children

Wasserman and Allen in their study examined disabled children as more likely to be neglected, pointing to a handicapping condition as increasing the potential for child maltreatment.

In order to document with a well-controlled methodology the possibility of maternal withdrawal from or rejection of handicapped young children, this study used standardized observations of mother-toddler interactions with handicapped and nonhandicapped children. Mothers of handicapped toddlers were significantly more likely to ignore their children at 24 months than were mothers in other groups. Further, although children's Bayley scores had not differed when seen previously at 1 year, children of mothers who ignored at 2 years had lower concurrent 2-year IQ scores and experienced an average 30-point drop between the two evaluations. These results support clinical reports of maternal withdrawal from handicapped young children and suggest that the mother-child dyad in such cases may be at continuing risk throughout the early years.

### Behavioral Indicators of Sexual Abuse in the Child

In a research project by the Tufts New England Medical Center, Division of Child Psychiatry, extensive descriptive data were collected to examine the characteristics of sexually abused children, types of abuse, and the impact of the abuse on the victim and family. This study of 156 sexually abused children referred for clinical services to the New England Medical Center's Family Crisis Program for Sexually Abused Children found that children of all ages exhibited behavioral problems and stressful emotional reactions, although preschool children showed less psychopathology than did older subjects. Factors found to contribute to the emotional distress of the children included maternal reactions to the abuse, the presence of physical injury, and the child's removal from the home because of the abuse. At an 18-month followup, the victims as a whole showed a significant decrease in overall psychopathology and an increase in positive self-esteem. Appendixes to this study containing tests, data collection instruments, tabulated study data, and a literature review of the effects of child sexual abuse were also submitted to the Clearinghouse in 1985 as a separate document.

In a study by Gomes-Schwartz, Horowitz, and Sauzier, the Louisville Behavior Checklist was administered to 112 children who were experiencing stresses associated with sexual abuse or its disclosure. Results show that as a group, sexually abused children manifested more behavioral problems and signs of general harm than peers in the general population. However, the level of psychological distress ranged from a complete absence of any conventional symptoms to the presence of extreme and pervasive emotional problems. Compared to clinical populations, preschoolers and adolescents showed relatively few signs of serious disturbance. Evidence of clinically significant psychopathology was found in only 17 percent of the preschool children and in a similar percentage of the adolescent group. In contrast, the school-age children (7 to 13 years old) manifested much higher levels of serious disturbance. Overall, 40 percent of these children showed clinically significant psychopathology.

## Behavioral and Psychological Indicators in Parents of Abuse or Abuse Potential

### Psychological Indicators: Tests for Prediction of Risk

Work undertaken to develop psychological tests to assist in the identification of potentially abusive or neglectful parents is represented by two recent studies. Murphy, Nicola, and Orkow report a prospective study of 587 pregnant women tested with the "Family Stress Checklist" developed at the University of Colorado Health Sciences Center. A review of charts of 100 of the children whose mothers had been considered "at risk" was conducted 2 to 2-1/2 years later, and compared with 100 charts on children whose mothers had been considered at "no risk," giving the following results: 25 children had experienced failure to thrive, neglect, or abuse; 20 of these were from the original high-risk mothers, giving an incidence of neglect/abuse in that group of 52 percent, the no-risk control group of 100 mothers showed a 2 percent incidence of abuse/neglect; a low-risk group showed a 4 percent incidence of abuse/neglect; and a mid-score group had an abuse/neglect rate of 5 percent. The scale proved a remarkably accurate predictor, with a sensitivity (percent correct negatives) of 89 percent.

The Child Abuse Potential (CAP) Inventory was used as a measure of abuse potential in a normal and nonparent adult population in a study reported by Pruitt and Erickson. Based upon their CAP Inventory abuse scale scores, the 44 participants in this study were assigned to high- or low-risk abuse potential groups. Physiological measures, including heart rate, were taken while the subjects were shown videotapes of infants smiling, crying, or quiescent. In addition to findings in regard to abuse potential, the researchers note the results of this study provide support for the concurrent validity of the CAP Inventory.

## Characteristics of Abusive or Neglectful Parents

Four recent research projects examined behavioral and psychological characteristics in mothers that could contribute to or had caused child maltreatment. Main and Goldwyn used empirical evidence to develop the thesis that a mother's distorted perceptions of her childhood attachment to her own parents are predictive of rejecting behavior toward her infant, and found that a mother's apparent experience of her own mother as rejecting is systematically related to her rejection of her own infant. Susman and colleagues at the National Institute of Mental Health compared child rearing patterns of discipline, emotion regulation, separation-individuation, and level of aspiration among depressed, abusive, and normal mothers and found that the abuse group was significantly different from one or more of the other groups on 13 of the 21 child-rearing factors. These mothers were high on measures of authoritarian control, anxiety induction, guilt induction, inconsistency in discipline, and early training. They scored low on rational guidance and enjoyment of the parental role. They were unlikely to encourage independence and openness to new experiences and were likely to be protective of the child. They also reported more worry about their children as well as more negative affect and less open expression of affection toward their children. Thus, child rearing atypicalities were most apparent in mothers who physically abused their children.

Two separate studies comparing abusive versus nonabusive mothers both found that abusive mothers were more likely to perceive their children as having behavior problems. Mash, Johnston, and Kovitz reached this conclusion based on observations of abusive and nonabusive mothers interacting with their preschool-aged children, while Stringer and LaGreca drew similar conclusions from interviews with and psychological tests of mothers screened from a hospital-based pediatric clinic.

## Reporting Child Abuse and Neglect: Confidentiality and the Therapeutic Relationship

Butz discusses an important issue for mental health practitioners working with abusive or neglectful parents in an article that points out that the passage of State laws mandating the reporting of child abuse may threaten the confidentiality of the therapeutic relationship between clients and counselors by deterring child abusers from seeking help or undermining the trust that is critical to the therapeutic relationship in the course of counseling. Butz concludes this discussion by advising counselors to discuss the issue of confidentiality with clients at the outset of counseling, without specifically focusing on child abuse reporting.

## Treatment Planning Assessment

### Assessment of Perpetrators of Child Sexual Abuse

Two separate studies reported in 1984 examined assessment procedures used with perpetrators of child sexual abuse. Avery-Clark and Laws report a study conducted to evaluate the effectiveness of a physiological measurement procedure for distinguishing between nonaggressive and violent sexual child abusers. The measurement of involuntary physical responses to audiotape descriptions of different types of sexual and aggressive activities with children was extended to a much larger sample of sexual child abusers than previously investigated to assess the usefulness of this evaluation procedure for differentiating between the most dangerous, physically harmful offenders and the more harmless, nonaggressive abusers. Results indicated that the more violent offenders responded significantly more to the aggressive cues than did the less dangerous abusers. Results of the study suggest the advantages of this classification procedure over more traditional, static, and less objective methods but also indicate the great need for further research to establish the procedure's predictive validity and reliability.

A second study reported by Scott, McKay, Liggett, Cole, and Golden examined the neuropsychological performance of persons arrested for sexual assaults against children. They found that a discriminant analysis correctly classified 68 percent of the subjects on the basis of their neuropsychological performance alone.

### Assessment and Diagnosis of Child Victims of Sexual Abuse and Exploitation

To make mental health professionals more aware of the problems of child sexual abuse, Weiss and Berg discuss children's reactions to rape, sexual molestation, and incest as they differ from adult reactions, as well as the impact of interactions with the legal system on child victims and their families. The authors maintain that evaluation of the child's reaction to sexual assault requires assessment of the child's strengths and deficits, developmental level, prior family functioning, the victim-offender relationship, and the nature of the event (was it a single occurrence or a recurring incident?). They suggest that mental health professionals must play an active role by serving as both therapist and advocate. This dual role involves crisis intervention, anticipatory guidance, information-giving, behavioral rehearsal, and advocacy of change in stressful legal procedures. Similarly, Adams-Tucker discusses the early treatment of child incest victims and provides practical information for psychiatrists and nonmedical psychotherapists who identify, assess, and perform short- and long-term therapies for these children.

Burgess, Hartman, McCausland, and Powers urge clinicians to be alert to the possibility of sex ring and pornographic involvement among chilldren and adolescents who manifest sexual anxiety, gender confusion, or avoidant, acting-out, or antisocial behaviors. This advice concludes the report of their interviews with children and adolescents exploited through sex rings and pornography.

## Assessment for Child Suicide Potential

Myers, McCauley, and Burke evaluated psychosocial variables associated with suicidal children, with emphasis on diagnosis. Of 348 children ages 5 to 13 admitted over 4 years to a psychiatric unit, 17.5 percent were acutely suicidal, which is lower than previously reported. The suicidal children differed from matched controls by a family history of suicidal behaviors, acute stressful events, abuse to the mother, and higher IQ. Depression was highly correlated with suicidal behavior, but not with seriousness of intent. Assaultiveness predicted less serious behaviors; family history of domestic violence discriminated the conduct-disordered from the depressed children. These results were discussed in relation to other recent reports on childhood suicidal behavior, thereby adding the consideration of abuse as a precipitating factor to the body of research on child suicide.

## Assessment of Adolescents and Special Issues Associated with Abused Adolescents

Six recent research studies focused on the diagnosis or assessment of psychological problems of abused adolescents or special issues associated with this age group. The results of the Pelcovitz, Kaplan, Samit, Krieger, and Cornelius evaluation of the dynamics of families with abused adolescents has implications for treatment planning as well as assessment. The study results suggest that treatment of adolescent abuse may be more successful than treatment of child abuse. Galambos and Dixon conducted a literature review that explored the link between adolescent abuse, the adolescent's psychological functioning, and locus of control orientation (the adolescent's perception that control over personal events is internally or externally generated), then constructed hypotheses for further research.

Bowman, Blix, and Coons present a case of multiple personality in adolescence and discuss the relationship between abuse and personality disassociation in children. Pietropinto examines professional attitudes toward adolescent runaways, using graphic and narrative data from a survey of 600 physicians to illustrate their views on the characteristics of runaways, the causes of running away, and the treatment of runaways.

Price, Scanlon, and Janus conducted interviews with 28 adolescent male prostitutes to examine their family histories, parental and sibling relationship patterns, school involvement, and friendship patterns. The 28 adolescents generally reported troubled family histories, with their predominant memories being of parental fighting, drinking, and neglect, regardless of parental marital status. Respondents also reported poor relationships with their families, adults, and friends. They perceived themselves as isolated, victimized, and unsuccessful in school and with peers. These findings suggest that those providing treatment for adolescent male prostitutes should recognize that their sexual victimization as prostitutes may not be the basic problem. Arrested development is more likely to be the fundamental issue. It is suggested that survival needs must be met before psychological problems can be addressed. Data gathered from 18 of 29 female adolescents in a school for emotionally disturbed adolescents was analyzed by Books. In a study of childhood sexual abuse the author investigated incidence, sequelae of such abuse, assessment, and treatment implications.

### Psychological Testing of Children

Loyd and Abidin evaluated the most recent revision of the Parenting Stress Index (PSI), Form 6, for reliability and factoral validity. To facilitate early identification of children at risk for development of behavioral or emotional disturbance, the PSI is designed as a screening and diagnostic instrument that measures the relative magnitude of stress in the parent-child system. This study used a sample of 534 parents to evaluate Form 6 and found it to have even higher reliability than previous forms, supporting its continued usefulness both for preliminary screening and for pretest/posttest measurement of the effectiveness of counseling programs and intervention techniques. Form 6 of the PSI was also found to have high factorial validity, suggesting that the domain scores and subscale scores may be confidently utilized to provide information about specific sources of stress in the parent-child system that should be the focus of further attention and professional assistance.

### Family Assessment

Bolton's book presents a synthesis of sociobiology, attachment (mother-infant bonding) theory, and existing child maltreatment knowledge to aid clinicians in the assessment and treatment of family violence. Part 1 provides a theoretical background for examining the violent family in general and the parent-child relationship in particular. Emphasis is on psychiatric, psychological, and medical perspectives on attachment and bonding. Part 2, using an interactionist approach emphasizing the reciprocal effects of parent and child roles and behaviors, examines the special relationship between parent and child. Also included are detailed examinations of critical stages and factors in the parent-child relationshp during pregnancy, labor and delivery, the neonatal period, and later years marked by the child's developing independence. Part 3 examines the dynamics of families with special needs, particularly the stresses associated with infant prematurity, adolescent parenthood, low infant birthweight, and failure to thrive. Building on family resource theory, Part 4 examines how scarcities in families' physical, emotional, environmental, and/or educational resources interact to produce rejection and failed attachments associated with familial violence. A graduated resource assessment of risk is presented that delineates historical, environmental, and behavioral parental and child factors contributing to the potential for violence. Finally, treatment implications of the assessment are discussed, with an emphasis on how the individual strengths and weaknesses of family members affect each other.

# Treatment

## Special Considerations

Personal, Professional, and Societal Attitudes. In working with families troubled by child maltreatment, mental health professionals must consider their own personal and professional attitudes toward those involved, remembering that societal attitudes play a role in the professional's treatment response. Miller, as translated from German by Hildegarde and Hunter Hannum, examines societal attitudes toward child sexual abuse to assist mental health treatment professionals. A psychoanalytically oriented examination of society's response to child sexual abuse, this book discusses personality structure and development and their relationship to the defense mechanisms of denial, repression, and projection. In a journal article, Swanson and Biaggio examine the evolution of professional attitudes and understanding of incest, beginning with Freud's writings on the subject, and offer specific recommendations for clinicians working with incest victims and their families.

Caplan and Hall-McCorquodale examine the professional literature to study the evolving attitudes toward the mother's role in the family and in the lives of her children. All issues from nine major clinical journals were reviewed for 1970, 1976, and 1982 to determine whether reductions in the practice of blaming mothers for their children's problems had occurred, due to the efforts of the women's movement.

Therapeutic Relationship. The relationship between mental health professionals and the families they serve is the primary focus of Pawl's article, which discusses the optimal conditions for the provision of mental health services to infants and toddlers, the kinds of service possible, and the transference relationship that may develop between the family and the service provider. Pawl advises those rendering therapeutic services to these young children and their families that any intervention with families requires an understanding of the nature of transference reactions, the ability to recognize them when they occur, and the skill to respond in an appropriate and limited way to contain them so that therapy will not be disrupted.

## Treatment Goals

Needs of Maltreated Children. The results of psychological research designed to increase understanding of how child maltreatment affects its victims in order to set treatment goals aimed at ameliorating those effects are reported for various forms of maltreatment, including physical abuse, sexual molestation, and neglect. Oates, Peacock, and Forrest report the results of their study into the effects of physical abuse of children at an average age of 5 years and 6 months. The aim of this study was to classify some of the conflicting information about self-concept of abused children by reviewing a group of abused children using interviews as well as the Piers-Harris Self-Concept Scale. The abused children saw themselves as having significantly fewer friends than the comparison children, and they played with friends less often. They were less ambitious than the nonabused children with regard to the sort of occupation they would like as adults and were significantly lower in self-concept on the Piers-Harris Self-Concept Scale. These results show that, as well as providing treatment for abusive parents, a long-term program that aims at improving interpersonal relationship skills and self-esteem is required for abused children.

In separate articles, Krener and Adams-Tucker report the results of two studies of sexually abused children. The course and outcome of therapy for 22 female victims of incest referred to a child psychiatry clinic at the University Hospital of Oregon Health Sciences Center are examined by Krener, who noted that, for several children, diagnostic features of posttraumatic stress disorder were observed with an associated pattern of pseudomature coping behavior concealing underlying severe symptomatology. Mental health care professionals are urged to recognize the diversity of symptoms, the persistent sequelae, and the frequent need for prolonged and intensive treatment. The second article, by Adams-Tucker, discusses the psychic defense strategies used by a group of 27 children (5 boys and 22 girls), ranging in age from 2.5 to 15.5 years, who were sexually molested. Analysis of these children revealed that ego strengths alone could not dispel psychic debilitation and that lengthy clinical remediation was necessary to break the generational cycle of sexual victimization.

Skuse's research into understanding the effects of neglect on the child is reported in two articles in the same journal, the first of which chronicles one family's treatment. The effects of extreme deprivation in early childhood and subsequent treatment are examined in this case study focusing on the diverse treatment outcomes for three deprived siblings from the same family. Investigation of their early history indicates that these children had a remarkably deprived environment maintained by a mother who was not only mentally retarded and microcephalic, but may additionally have been suffering from a severe psychiatric disorder. When discovered, the two girls in the family lacked all speech and social skills, and the brother was severely mentally retarded and autistic. After treatment, one girl appears to have completely recovered. The other remains handicapped, mainly in language skills, and shows a variety of autistic features. She is also microcephalic. The development of the half-brother, who was raised elsewhere, has been limited by severe mental retardation and autism. Some general conclusions can be drawn from this case study. First, more evidence is adduced to disconfirm the concept of a sensitive period (e.g., Clarke and Clarke, 1976) in the early years of childhood for the development of intellect, language, and personality. Second, placement in a nuclear family was not found to be necessary for substantial gains in intellectual, emotional, or social functioning, although a consistent primary caretaker was involved in care in a small child's home. Third, formal education may not be a crucial factor in the intellectual development of a deprived child who is not constitutionally disadvantaged. Fourth, the case history of one of the girls demonstrates how stresses may interact to intensify one another as well as how vulnerability, probably congenital, may predispose her to later difficulties.

In the second article, five previously published and one novel case history of children who suffered extreme isolation and deprivation during early childhood were examined with regard to the effects on the children's social, emotional, and cognitive development. A comparison of these six cases suggests that certain behavioral features are constantly encountered in victims of severe deprivation in early childhood: retardation, absent or rudimentary vocal and symbolic language, grossly retarded perceptual-motor skills, paucity of emotional expression, lack of attachment behavior, and social withdrawal. Overall, results suggest that victims of gross deprivation have an excellent prognosis in the absence of genetic/congenital anomalies or a history of gross malnourishment, although some subtle social deficits may persist. Implications of these findings were discussed with respect to three theoretical issues: the minimal childhood experience necessary for normal psychological development, the relationship of the developmental period, when deprivation occurred, to later sequelae, and the compensatory influences needed to alleviate handicaps resulting from an adverse early environment.

Drotar and colleagues at Rainbow Babies and Children's Hospital in Cleveland, Ohio, also studied the psychological implications of possible deprivation in early childhood. In this study, two potential biologic risk factors based on assessment of physical growth, wasting and stunting, were used to predict outcome in failure to thrive (FTT). Children diagnosed with environmentally based FTT early during their first year of life were seen at 12 and 18 months for assessment of psychological development (i.e., cognition, language, symbolic play, and behavior during testing) following hospitalization and intervention. Based on an interactional model of outcome, factors reflecting biologic vulnerability (i.e., wasting and stunting) and family ecology (i.e., income level, family size, and ratio of adults to children) were assessed. This assessment revealed the general accuracy of predictions of the children's development, underscoring the utility of an interactional model in predicting psychological outcome for childhood disorders, such as failure to thrive.

Harmon, Morgan, and Glicken studied young children, also reviewing research on continuities and discontinuities in child development. Their article reporting the results of this review focuses primarily on cognitive-motivational development or mastery motivation. The authors note that conclusions based on data from several studies suggest that, with a medium-risk population of infants, an intervention program which helps mothers develop appropriate reciprocity with their infants ameliorates a number of conflicts, particularly related to mastery behavior.

Needs of Abusive and Neglectful Parents. Just as it is important for therapists working with abused and neglected children to understand the effects of maltreatment to understand their treatment needs, it is important for therapists working with abusive and neglectful parents to understand the dynamics and causes of parental dysfunction. Four recent research studies each contribute to this understanding.

Moss and Moss discuss the parental threat to remove a child from the home, a common theme in clinical work with parents and children. Their article focuses on the conditions that often precipitate a parent's decision to threaten a child with placement and parent and child responses to that threat, and urges clinicians to explore the sources of threat to place and examine the complex dynamics of the threat for both parent and child.

Koverola, Elliott-Faust, and Wolfe present the case history of a 21-year-old abusive single mother experiencing frequent personal crises and multiple life stresses, along with the theoretical and practical implications for research and treatment. Issues raised by this case include the need for better understanding of stressors in the parent-child relationship, the inadequacy of assessment and screening devices for determining treatment goals with multistressed families, and the need to deal with chronic life skills deficits and coping abilities. It is concluded that reasonable goals, flexible procedures, and the use of other community resources are needed in such situations.

Hassett identifies similarities in family dynamics in families with alcoholic and abusive parents and suggests cross-training in professional and other cooperative strategies for treating alcoholic and abusive parental behavior. The other cooperative strategies suggested include the use of broad-based treatment programs and the establishment of formal networks of self-help programs such as Parents Anonymous and Al-A-Fam (which focuses on both the child and the parents in need), as well as the establishment of long-term aftercare family programs to broaden the scope of helping services for multiproblem families.

*Needs of Adults Abused as Children*. Two articles describe research aimed at illuminating the treatment needs of adult victims of childhood incest. In Donaldson and Gardner's work, diagnosis and treatment of traumatic stress among women who have experienced childhood incest is discussed within the context of a study of 26 women, 25 of whom met specified criteria for chronic posttraumatic stress disorder. It is suggested that the concept of stress response syndrome is extremely helpful in treating adult incest victims because it enables them to attain personal control over the disorder, first conceptually, and then by active participation in the corrective process.

Pychtarik, Van Landingham, Silverman, and Prue present a case study of a 22-year-old single female victim of incest trauma who was treated via implosive therapy during five inpatient therapy sessions. Treatment consisted of repeated exposure through imagery to the incest scene and real or hypothesized thoughts and events related to the incest trauma. Results indicated that, by a followup session, behavioral, physiological, and self-report measures were all decreased from previous levels. Moreover, there was a generalization of extinction effect such that self-report and physiological response to an imaginally presented current life stressor were markedly reduced. Self-monitoring of incest-related thoughts, dreams, and negative heterosexual relations also showed a significant decrease, which was maintained at a 6-month report followup. At a 12-month followup, the patient continued to report maintenance of treatment gains with respect to the incest trauma.

### Treatment Alternatives for Children and Adults Abused as Children

*Art Therapy*. Kelley's clinical investigative study examines the emotional trauma of sexual abuse as portrayed through children's artwork, as well as the use of art therapy as an age-appropriate treatment modality for sexually abused children. The study involved examination of 120 pictures drawn by 10 sexually abused children. Analysis showed that of the self-portraits drawn, 20 percent portrayed prominent genitalia, 40 percent placed an added emphasis on the pelvic region, 43 percent emphasized the upper portions of their bodies, and 30 percent drew themselves without hands. The drawings were of significant value in counseling sexually abused children, because they revealed the child's emotional reaction to the sexual abuse, indicated the victim's body image, portrayed the child's gender identification, and served as a nonthreatening mode of expressing thoughts and feelings. The drawings were also useful in facilitating and encouraging verbalization of thoughts and feelings surrounding the victimization, in obtaining details of the assault, and in monitoring changes in the emotional status of the child over a period of time.

Yates and Beutler's study compared drawings by child victims of incest with drawings by children referred to the University of Arizona Child Psychiatry Clinic for nonsexual issues. Each drawing was rated on 15 dimensions, including sexualization of the figure, degree of dependency, quality of ego defenses, and adequacy of impulse control. Child victims of incest were judged to have more poorly developed impulse controls and a defensive structure that emphasized repression. These children were also significantly more variable than their counterparts in the degree to which they expressed sexual features in the drawings, but were less variable in their rated maturity and in the rated adequacy of their ability to use sublimation as a defense against anxiety.

Group Therapy. Another treatment alternative, both for children and adults abused as children, is group therapy. Two separate articles describe the use of this approach in treatment programs for young sexual abuse victims. Sturkie describes the Pulaski County (Arkansas) Child Sexual Abuse Treatment Project, a group treatment program for victims of sexual abuse aged 7 to 12 years. Meeting weekly in 8-week cycles, the group addresses one of the eight major treatment themes each week: (1) believability; (2) guilt and responsibility; (3) body integrity and protection; (4) secrecy and sharing; (5) anger; (6) powerlessness; (7) other life crises, tasks, and symptoms; and (8) court attendance. In the final session, the children socialize with parents, friends, and siblings (who have simultaneously been involved in parent and adolescent treatment groups). Sturkie notes that because group members are involved in other treatment services, it is difficult to measure the group's influence on outcomes; however, no recurrences of abuse have been reported with any of the participants. Further, of the 17 participants involved in court proceedings, all cooperated and held to their initial reports of abuse. Also, the length of time group members spent in foster care was half the State's average.

In their monograph, Faehl and Hughes discuss the use of short-term group counseling for sexually abused girls at Oasis House, a temporary emergency shelter, counseling, and foster care program for runaway and homeless adolescents in Nashville, Tennessee. The program's 10-week series of group sessions addresses the behavioral problems of sexually abused female clients, including rebelliousness and the use of seduction as a way to establish relationships with males. The major objectives of sessions are to decrease impulsive behaviors, develop problemsolving skills, create a peer support system, help develop skills for handling anger, and promote relating to others in a nonsexual manner. Groups are usually comprised of eight to ten members (ranging from 13 to 17 years old) and two leaders; they meet weekly to address the topics of anger, self-concept, client control and group self-direction, sex education, and development of positive relationship skills. The final session permits for group closure and evaluation.

After reviewing the scope of child sexual abuse and profiling the adult sequelae of childhood sexual abuse, Deighton and McPeek describe a group therapy program used by the Children's Aid Society of Detroit to treat adult female victims of childhood incest. Two groups of five to seven persons meet weekly for 2 hours for approximately 30 sessions. A two-member male-female therapist team leads the group. The basic operational premise is that dealing with emotional reactivity in family-of-origin contacts is the key to resolving the guilt and anger left over from incestuous childhood experiences. After 1 year of operation, the program has found that as group members attempt to change their psychological posture in relation to family-of-origin members, including the perpetrator of incest, they are better able to manage residual feelings associated with the incest and modify problem behavior in current adult relationships.

Blake-White and Kline also describe a treatment mode for adult victims of childhood incest. Their treatment method is founded on the theory that adult victims of childhood incest manifest posttraumatic stress syndrome, involving delayed symptomatic reactions to the childhood incest trauma, and that adult symptoms of childhood incest are related to dissociative hysteria causing total repression of conscious memories of the incest as manifested in such symptoms as acute anxiety and suicidal ideation. The group therapy program, based on this theory, uses an open-ended format permitting members to join and leave voluntarily. The therapy deals with nine stages of dissociative hysteria becoming aware of the problem, deciding to seek help, feeling anxiety and reevaluating group participation, deciding to continue, dealing with memories, coming through the first memories, addressing further blocks, integrating memories with current behavior, and giving up the label "incest victim" (resolution).

The subject of Leehan and Wilson's book is the psychological injuries left by maltreatment generally and how mental health professionals can treat these injuries in adults. The book discusses the characteristics, needs, and problems of adults abused as children and describes a program of group therapy for such adults, proven effective in the authors' own work. Drawing their conclusion from years of working with support groups for adults abused as children, the authors identify the following prevalent debilitating characteristics of these adults: low self-esteem, poor interpersonal skills, helplessness, sexual disorders, and nightmares. They present goals and strategies for effective group therapy: break the sense of isolation; provide a supportive environment and a consistency that promotes trust; permit opportunities for problemsolving; teach clients to express and deal with feelings; and help them develop interpersonal skills. The authors warn that several complications may occur in group interactions, including distorted communication, use of sensitivity as a defense mechanism, difficulty in accepting acceptance, preference for chaos instead of order, difficulty in goal setting, difficulty in receiving and giving feedback, and a tendency to seek out persons with similar coping mechanisms. They conclude with a description of the characteristics of an effective group leader, including understanding, patience, and responsiveness to feelings.

Residential Institutions. Current research shows that residential treatment is viewed as an intervention means of particular utility for infants at risk of maltreatment and their families. This is supported by the fact that both the reports of the use of inpatient therapeutic treatment programs concern programs for infants and their parents under stress. Sankey, Halechko, Elmer, and Schulberg in their 1985 journal article outline the Parental Stress Center (PSC) residential treatment program and its evaluation study, specifically focusing on the developmental status of infants in treatment. The results of their research indicate that despite the use of multiple caregivers, the deprived infants admitted to residential care kept pace with similar babies in other treatment modalities. The overall high scores when compared to other research data indicate the decided worth of early intervention.

Lipton and Tonge's article describes conjoint mother-child hospitalizations as an alternative clinical approach to the management of severe crises in mother-infant relationships. It reviews the theoretical considerations involved, presents results of a 4-year study and three case reports, and details the conjoint mother-child admission process. Results from a 4-year study indicate that 10 of 20 families (representing 25 children) managed on the pediatric ward of a general hospital for severe mother-child interactional crises showed significant improvement. Five families showed consistent improvement but continued to require some family support services. Three representative case histories illustrate the varied problems treated by this approach. A description of the conjoint mother-child admission process notes that frequent case conferences, liaison, staff support, and medical and psychiatric assessment and treatment are essential elements. Cases with favorable prognoses for the mother-child relationship are shown to follow a particular sequence involving crisis, conjoint admission, progressive regression from anger and despair through bewilderment to vegetative withdrawal in both mother and child, and progression through anxiety to a state of mutual preoccupation. Gradually maternal empathy emerges, and the relationship between mother and child improves. Finally, reinvolvement of the father in the family occurs.

Special Treatment Alternatives for Children. Three recent articles describe treatment alternatives for children that do not fit into traditional treatment modalities. One example is MacFarlane's article, in which common themes and components of specialized intrafamily child sexual abuse treatment programs are conceptualized and described. MacFarlane notes that because intrafamily child sexual abuse can be simultaneously regarded as a crime, a form of child maltreatment, a mental illness, a type of sexual deviance, and a family problem, its intervention and treatment can involve a variety of systems and treatment goals. Specific incest treatment program approaches are often related to the nature of the interface between the legal and therapeutic components of the criminal justice, mental health, and child protection systems, as well as to the auspices under which they operate and to the professionals involved. Treatment is usually community based, since institutions do not offer proper conditions for working with the offender and family. Treatment objectives usually focus on reducing trauma to the child while providing treatment to the entire family. Program approaches include legal and therapeutic coordination, postconviction therapeutic settings, pretrial diversion to help the perpetrator avoid the stigma of a criminal record, and coordinated criminal and juvenile court processing, with the juvenile court taking the primary jurisdiction and working to secure agreements from the offender and the family to obtain treatment or undertake other obligations in exchange for deferring prosecution. Diverse program settings are used to accommodate the various cases, and components such as self-help groups and multidisciplinary teams are common. Treatment goals include reducing the crisis atmosphere in the family, providing the family a rational framework within which to cope, helping family members channel rage and hurt, lessening the need for denial so that treatment will be accepted, and breaking the isolation that generally surrounds the families. Treatment methods commonly include supportive therapy, humanistic psychology, ego-centered therapy, Gestalt psychology, confrontation approaches, transactional analysis, and other "talking therapies;" various types of "concrete" therapies, such as behavior modification, sex therapy, aversion therapy, and drug therapies; educational components aimed at sex and parenthood education and teaching of social skills and anger control; and some type of group therapy to give immediate mutual support and break the family's emotional and social isolation.

The treatment of children as perpetrators of sexual abuse is the subject of Thomas and Roger's article, in which the Juvenile Abuser Treatment Program (JATP) at Children's Hospital National Medical Center in Washington, D.C., is described. The program treats juveniles involved as perpetrators in sexual abuse of a family member, usually a younger sibling. The program provides alternatives to the traditional approaches of removing the offender from the home and from the victim. JATP's treatment rationale views intrafamily child sexual abuse with a juvenile perpetrator as a reflection of idiosyncratic, interpersonal, and familial levels of disrupted functioning. Abusers tend to show low self-concept, social isolation from peers, aggression and hostility, poor impulse control, and poor reality testing. They often have been abused previously. Although there are often dysfunctional or disrupted patterns of interaction between the abuser and victim as well as the abuser and other family members, sometimes problems exist between the abused child and other family members. The aim of the treatment process is avoidance of further abuse, and offender therapy that addresses psychodynamic causative factors. Treatment modalities include individual victim, parental, and juvenile abuser counseling and therapy, as well as family therapy.

In the third article reporting on special treatment programs, Rosenheck and Nathan describe a unique program for the treatment of troubled children of adult psychiatric patients at a Veterans Administration hospital. The location of this program within the adult setting greatly facilitated the successful treatment of these children. The program can also be a valuable addition to the treatment of adult patients, especially patients who are chronically ill and emotionally volatile and have been particularly difficult to treat.

## Treatment for Parents and Other Perpetrators

Individual Therapy. In a study by Crimmins, Bradlyn, St. Lawrence, and Kelly, an inattentive and neglectful parent was taught to provide positive verbal and physical attention toward her 4-year-old child. A bug-in-the-ear microphone was used to teach the unemployed, 21-year-old mother how to interact positively with her child. After therapy using this device began in the clinic playroom, the parent exhibited the trained positive skills during the initial staged home interactions and later at the 4-month followup, suggesting generalization of skills to that setting. No evidence of additional abuse or neglect was found 18 months after the child had been permanently returned to the home. The mother reported fewer behavior problems at home after treatment ended.

Oates and Forrest report a study comparing 36 child-abusing mothers with a control group of nonabusing mothers that indicated that treatment programs for abusive mothers should include measures to build self-esteem and to improve skills in interpersonal relationships. The 36 abusive mothers were matched with families of the same social class and ethnic group who had a child of the same age and sex that attended the same school as the child in the study group. Findings indicate the need for treatment focused on the child and the parent, both together and separately. Treatment for the mothers should include the use of lay therapists, self-help parent groups, and the therapeutic preschool.

Family Therapy and Support Services. A treatment program for both parent and child is reported by Jung and Cook in their description of the family treatment approach to child assault used by a California community-based family service agency, the Family Service Association of Riverside (FSAR). FSAR, a nonprofit, nonsectarian, United Way Agency serving a community of about 230,000, is described as an eclectic but integrated multidimensional, multilevel, problem-oriented family systems approach to child assault.

Another parent and child treatment program, illustrated by one family's treatment, was studied by Campbell, O'Brien, Bickett, and Lutzker. This study portrays in-home treatment as an ecobehavioral approach used by Project 12-Ways (Illinois) to reduce coercive, potentially abusive interactions in a family system. The family was referred to the project after the mother confided to her mental health counselor that she wanted to kill her daughter. A 4-week assessment by project counselors included in-home interviews, observations of family interaction patterns, and consultation with social agency professionals and community resource persons. Intervention involved parent-child training, behavioral marital counseling, and stress reduction to decrease the frequency and duration of the mother's migraine headaches. Parent training used role playing, modeling, and verbal feedback to reinforce the mother's contingent reinforcement to her daughter, increase her ability to give specific rather than vague commands, and improve the child's obedience to the mother's commands. Marital counseling consisted of discussions about the couple's major problems, followed by training in problemsolving techniques. Weekly assignments were based on agreements negotiated by the couple. The stress reduction involved progressive muscle relaxation exercises and verbal feedback from a behavorial postural checklist that assessed relaxation positions. Followup data 1 year after the beginning of services showed maintenance of improvements in all areas. The mother reported she no longer had negative feelings about her child, and the home environment was absent the stressors observed by counselors in the assessment period.

## The Mental Health Professional's Involvement with the Courts

The role of the mental health professional in child abuse and neglect-related judicial proceedings is an important one, whether that role is to assist the child in dealing with the emotional trauma accompanying his or her participation in such proceedings, or as an expert witness. One article received by the Clearinghouse in 1985 was written specifically for mental health professionals acting in the former role. Current caselaw concerning mental health professionals in the role of expert witnesses is discussed in the Law of Abuse and Neglect chapter of this Review.

With the increasing legislative and judicial recognition of the need for therapeutic assistance when a child is involved in judicial proceedings as a victim or witness, Benedek's article is timely. In it, the role of the child psychiatrist in alleviating the trauma associated with legal proceedings involving child sexual abuse is discussed with reference to a case of incest. Psychiatric evaluation indicated that a teenage girl was experiencing feelings of guilt, isolation, and depression compounded by the lack of maternal support, accusations that she was lying, and inadequate preparation for the ordeals of trial. In such a case, the psychiatrist's role is seen as multidimensional. It begins with evaluation and preparation of the child and family for court through visits and role plays designed to reduce anxiety. In addition, it is suggested that the psychiatrist facilitate interaction between the legal and mental health systems by consulting with attorneys, educating judges about such clinical issues as the victim's developmental level and testimonial capacity, and suggesting ways in which the system can ease the burden it places on the child.

## Prevention

### Mental Health Based Programs

Multifaceted child maltreatment prevention programs, as designed from a mental health perspective, are reviewed in two new articles. Cicchinelli, Keller, and Jones present NCCAN-supported research on mental health-based child abuse and neglect prevention programs in their final report on two clusters of demonstration projects and a collaborative research effort that examined delivery methods and health-based and mental health-based services for the prevention and treatment of child abuse and neglect. Mental health-based projects were intended to coordinate mental health agencies to assist in serving child and adolescent victims of maltreatment. This report assesses the effectiveness of all the projects in preventing or treating child abuse and neglect. The mental health-based projects were found to identify and provide services to child and adolescent abuse victims typically not served by mental health and protective services systems. The evaluation also showed that the demonstrations educated mental health professionals about their roles and responsibilities in managing child abuse and neglect cases. Approximately 75 percent of the cases managed in each cluster were considered to have successful outcomes.

Cohen, with Broussard and those mentioned below, presents a summary of reports and discussions from the Vulnerable Child Workshop held in New York in December 1978, which focused on various programs that use psychoanalytic approaches for preventing child abuse and neglect. Dr. Edith Buxbaum, with Project Prevention of the Ryther Child Center, discussed her work with mothers abused in their own childhoods, mothers with premature babies, and parents with handicapped infants. Dr. Buxbaum's description of the center's work also covered therapists' home visits. Workshop participant discussion of the center's work focused largely on criteria of program effectiveness. Dr. Gilbert Kliman defined primary and secondary prevention of child abuse and neglect and described the Center for Preventive Psychiatry, which works with children coping with a parent's death. Dr. Kliman elaborated on political and socioeconomic factors relevant to the neglect of abuse prevention for the preschool child, described his work with foster children, and commented on the assessment method used at the Center for Preventive Psychiatry. Dr. Herman Meyersburg described the setting in which he provided consultation to two day care centers to assist children with emotional problems that impaired their functioning in the centers. General discussion considered the school's place in prevention and the cost effectiveness of prevention programs.

Outreach. Linnell, Zieman, and Romano describe how a Colorado mental health center is successfully treating abusive families through an outreach program of heterogeneous parent groups. The groups, called Parents Under Stress, contain both abusive and nonabusive parents. The program began as a weekly therapy group under the supervision of the local mental health center. For the first 2 years, the program accepted the prevailing assumption that homogeneous groups should consist entirely of abusive parents. However, as a result of several problems, the program changed its referral criteria to include parents experiencing any form of severe family stress or conflict. The groups were led by male and female cotherapists and lasted for 12 weeks. A process-observer attended two groups, took notes, and mailed a clinical summary to each member before the next session. In addition, parents who had attended five or more sessions in the last two groups received a three-part evaluative questionnaire. Except for one parent who had negative feelings toward the group in general, the members responded positively toward all aspects of the therapy. The heterogeneity was found to enhance group cohesiveness, trust, and attendance. Both abusive and nonabusive parents showed excellent improvement in family and personal functioning.

Family Life Resource Centers. In a review of a variety of interdisciplinary and community-based child assault prevention and treatment approaches, Paulson includes a description of the elements and implementation of a diagnostic and treatment center, including staffing and client needs and inhome assessment and treatment. These family crisis centers are described; examples of several Los Angeles-area programs are provided, including the Children's Bureau of Los Angeles, the Inter-Agency Council on Child Abuse and Neglect, and Cedar House. Paulson also discusses other related aspects of prevention in the same article, including approaches to lessen the trauma of out-of-home placement, the benefits of adolescent peer support, both group and family therapy, and the use of trained and empathetic volunteers in group and sibling homes.

A California Department of Social Services document on the development and implementation of six statewide community-based child abuse prevention and treatment programs is reviewed. The impact of ethnic perspectives on intervention and therapy is examined; effective therapeutic approaches used with Asian, Hispanic, and culturally mixed communities are highlighted. The role of religious faith in psychotherapy is also discussed. The document outlines the expansion of intervention services through community planning and home visits. Other issues covered include the relationship between child abuse and latency-age suicidal behavior as well as the role of silence in therapeutic intervention.

Education in Coping Skills. A mental health-based parent education program is analyzed by Lutzker, Campbell, and Watson-Perczel. Their paper reviews methodologies and arguments that support the use of ecobehavioral approaches (changing the behavior of persons in interaction with their broader ecosystems) in preventing and treating child abuse and neglect and the validity of the case study for demonstrating the effectiveness of this approach in modifying parental child-neglecting behaviors. It argues that problems affecting the ecosystems of abusing and neglectful families are pervasive and require a multifaceted treatment approach. Project 12-Ways (Lutzker, Frame, and Rice, 1982, Lutzker, 1984), operating in 10 counties in southern Illinois, offers such an approach through inhome treatment and prevention services for families. This program, the authors found through case study evaluation, was effective in producing clear behavioral changes and meeting other validity criteria.

Lutzker, with Megson, Webb, and Dachman, also reported the study of parent and professional training in mental health-based child maltreatment secondary prevention techniques. A task analysis of child interaction skills was constructed to systematically validate the behaviors to be taught to professionals and to parents indicated for child abuse and neglect. The purpose was threefold: to develop and socially validate behaviors that comprise adult-child interaction skills; to evaluate the effectiveness of a multicomponent training package combining written material, videotape modeling, role playing, and performance feedback for teaching these skills to parents by student professionals; and to teach these skills to parents being treated for child abuse and neglect. Research was conducted at a comprehensive day care/child development center and included two females, ages 22 and 23, as the adult-trainees and 3- and 4-year-old children from the center. Videotapes were made of all observation sessions. Behaviors comprising good adult-child interaction skills were socially validated. In Experiment 1, these skills were taught to professionals working with child-abusive families. In Experiment 2, these skills were taught to mothers in two families indicated for child abuse. In both experiments, a multiple-probe design demonstrated that the criterion-based training with feedback was responsible for producing criterion performance by the professionals and parents. Mothers in Experiment 2 showed generalization of the skill to children other than those with whom they had been trained. Results indicate that untreated child behavior improved as mothers learned child interaction skills.

Self-Help Groups. Lieber discusses Parents Anonymous (PA), a self-help program for treatment and prevention of child abuse, in the context of helping professionals decide whether to refer their clients to the program. PA is a nurturing and teaching therapeutic service, operated at no charge to consumers; it addresses all forms of child abuse. The group sessions usually focus on practical, effective ways to deal with problems in families' day-to-day lives. The program has proven especially effective for parents who are "explosive" or commit physical or verbal abuse; it is less effective for neglecting parents. Instant success is not common, and about 20 to 30 percent of the participants drop out as they realize they must work hard to change their behavior patterns. However, a study indicates that PA or peer group therapy is a more effective treatment modality for families troubled by child abuse than individual or group therapy. Results of another study indicate that parents who remain in the program are often able to stop physically abusing their children within weeks. In light of the program's low costs and high effectiveness, the author recommends that PA and similar self-help groups be given a larger share in delivering services.

## Mental Health: Community Programs

Community Programs. Waterman and Foss-Goodman report a study of interest to those involved in designing community or public awareness programs on child sexual abuse. This study investigated variables relating to attribution of fault to child molestation victims, offenders, and nonparticipating parents. Previous researchers have demonstrated that people blame women who are raped, and numerous authors have blamed child molestation victims. Volunteers attending a large northeastern state university read a description of child molesting in which the victim's sex, victim's age, and offender-victim relationship were varied. The volunteers indicated how much fault they attributed to each person and stated their reasons. Four attitudinal scales were also administered, and subjects were asked if they were ever molested. Male volunteers attributed significantly more fault to 15-year-old male victims than did either female volunteers or 15-year-old female victims. The victim's age was also found to be very significant in terms of whether the victim was perceived to be at fault; 15-year-olds being blamed more than 7- and 11-year-olds. The major reason for blaming victims was that they "should have resisted." Sexual conservatism and acceptance of interpersonal violence were positively correlated with fault ratings of victims. Volunteers who had been molested blamed victims less than volunteers who had not been molested. There are numerous significant findings regarding offenders and nonparticipating parents. Results indicate that both subjects' and victims' characteristics relate to how much victims were blamed. It is further suggested that blaming may contribute to a climate conducive to child molesting. Hopefully, the authors conclude, a better understanding of the determinants of blaming the victims will lead to strategies for changing these attitudes.

*Model Community Mental Health Board Prevention Programs*. Goodman and Isaacs provide a description of the initiation, planning, model development, and implementation of a primary prevention research-demonstration project. The high-risk status and current neglect in the mental health systems of children of severely disturbed parents led to the identification of the target group. The review covers factors considered in model design, including research, theoretical, and clinical evidence, and goals for the prevention program. The intervention fit into a cumulative treatment design, including three intervention components. Evaluation goals, assessment measures, and research design are presented. The research has two components: 1) evaluation of the intervention, and 2) testing hypotheses on the transmission of psychopathology. Specific hypotheses, preliminary findings, and emerging issues are discussed.

Polansky, Ammons, Gaudin, and Davis propose a model prevention program based on a study that investigated the general hypothesis that neglectful families live in environments that are less supportive than those nonneglectful. Interviews were conducted with 152 neglectful mothers and with 154 nonneglectful, who were matched on race, economic status, urban/rural status, and other life circumstances. The neglectful mothers reported less support available from informal networks; they also described their neighborhoods as less friendly and helpful than did the controls. However, the conclusion that neglect is related to living in settings that are socially impoverished was not supported by independent interviews with neighbors. Rather, it appeared that neglectful mothers are often isolated by those around them. Because they are seen as deviant and unlikely to reciprocate help, they do not have access to such support as there may be in this ecology. A new model is presented for preventive, community-based intervention based on findings of the research.

# Chapter IV: Bibliography

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## CHAPTER V

## CURRENT CHILD ABUSE AND NEGLECT RESEARCH FOR LAW ENFORCEMENT PROFESSIONALS

The articles and other publications reviewed in this chapter are those received by the Clearinghouse on Child Abuse and Neglect Information in 1985 that are of particular interest to law enforcement professionals working with or encountering abused and neglected children. Police investigators, officers, administrators, and others concerned with child protection will find reviews of the current body of research undertaken to examine the issues and concerns raised in their response to the problem of child maltreatment.

Reflecting an area of concern of special interest today, many of the articles reviewed in this chapter focus on law enforcement recognition, intervention, and investigation of sexual abuse, sex offenses against children, and child sexual exploitation and pornography. Other articles describe various forms or aspects of child abuse and neglect of interest in the field, as well as child protection topics of current interest, such as missing and/or exploited children. For a detailed discussion and complete background on the police response to the problems of child maltreatment, interested readers may want to refer to the National Center on Child Abuse and Neglect (NCCAN) publication, The Role of Law Enforcement in the Prevention and Treatment of Child Abuse and Neglect (DHHS Publication No. (OHDS) 84-30193). This manual, part of NCCAN's User Manual Series, was reprinted in September 1984, and the articles reviewed in this chapter may be viewed as updated information to the manual.

### Definitions of Child Abuse and Neglect

#### Missing Children

While variations in the definition of child maltreatment are topics of concern, another definitional issue is the inclusion of new categories of children into the law enforcement child protection mandate. One new area of child protection responsibility for police is missing children, who may be or become abused or exploited. A January 1984 article in the FBI Law Enforcement Bulletin discusses the Federal Missing Children Act, which was signed into law on October 12, 1982, and gives parents, guardians, or next of kin access to the information in the FBI's National Crime Information Center (NCIC) Missing Person File. This article details the procedures and operations of the FBI's service in assisting State local law enforcement agencies in the identification and location of missing children.

### Understanding and Recognizing Child Abuse and Neglect

#### Child Sexual Abuse

All of the most recent articles written to assist police professionals in understanding and recognizing child maltreatment with one exception, are discussions of various types of child sexual abuse. Barry's two articles explore the myths and realities of incest, detail the characteristics of the typical offender, analyze the reasons why parents enter into incestuous relationships, chronicle the devasting impact on the victim, and suggest reforms in the law enforcement response to this problem.

Tyler and Stone of the San Bernardino County, California, Sheriff's office examine the problem of child pornography and offer solutions in their article. The authors note that technological advances have provided new avenues for the sexual exploitation of children and a continued need for a worldwide ban on child pornography. Lanning and Burgess address child sexual exploitation in their analysis of 40 cases involving child sex rings. This analysis provides information on the organization and operation of these rings, their victims, and the results of the children's victimization. Goldstein writes of the special problems that the sexual exploitation of children poses for law enforcement professionals, citing in particular the multijurisdictional nature of this crime and the need for specialized units and investigative training to adequately address this problem.

### Adolescent Abuse in Institutional Settings

The California Department of the Youth Authority has prepared a manual for administrators and staff of juvenile custody facilities to assist them in understanding and recognizing adolescent maltreatment and institutional abuse. This manual discusses the differences between child and adolescent abuse, tells how to identify the various types of maltreatment, and outlines California and Federal mandatory child abuse reporting laws. In addition to this information, the manual discusses work with abused adolescents in institutional settings, with profiles of youths in custody and recommendations for preventing institutional maltreatment.

## Child Abuse and Neglect Intervention

### Generally

**Child Assault**. Willey's chapter in *Assault Against Children--Why It Happens--How to Stop It* presents a police officer's perceptions of the problem of child assault and the role of law enforcement in the investigation and disposition of child assault cases. Legal mandates for child protection and research into the relationship between child assault, juvenile delinquency, and violent adult behavior are reviewed, and the organization and operation of a special Child Abuse Detail of the Los Angeles County Sheriff's Department (California) are detailed.

**Sexual Abuse**. Law enforcement intervention techniques in regard to child sexual abuse are presented by the Polk County Attorney in an evaluation report of the Polk County (Iowa) Intra-Family Sexual Abuse Program (IFSAP). This report assesses the effectiveness of program coordination; intervention with the family; and juvenile court, treatment, and prosecution components. It also contains a history and description of IFSAP, a discussion of the evaluation and assessment design, and a summary of recommendations. The findings of this assessment could be applied to other law enforcement-sponsored child sexual abuse programs.

# Investigation of Child Sexual Abuse

## Conducting the Investigation

Interviewing the Child. Wells presents guidelines to assist police and child welfare personnel in conducting an initial investigative interview of a child when child sexual abuse has been alleged. The guidelines cover key areas, including feelings of the child and interviewer, preparation for the interview, seating arrangements and location of the interview, and the importance of obtaining background information. Guidelines also discuss getting started, understanding children's sense of time and children's language, using aids such as drawings or dolls, validating the child's credibility, and concluding the interview. Groth, of Forensic Mental Health, Incorporated, has compiled a set of anatomical drawings, with instructions for use, to assist in this phase of child sexual abuse investigations. This set of 32 line drawings, to be used as a tool in child sexual abuse investigations and interventions, consists of front and back anatomical views of white and black males and females in four phases of development--preschool, preadolescence, adolescence, and adulthood.

Gathering Evidence: Videotapes. Two articles report the experiences of Child Protective Services in Fort Worth, Texas, in gathering evidence of child sexual abuse via videotaping. In one of these articles, Clark and Dewees describe the use of videotaped interviews by the Tarrant County Sexual Abuse Unit (Texas). Prior to the 1983 State law permitting the use of videotaped testimony in civil and criminal court proceedings, the unit used videotapes to reduce the number of times a victim had to be interviewed. As Clark, Davis, and McAlister point out in a second article, changes in State law in 1976 and 1983 eventually permitted the use of videotaped testimony of child witnesses in criminal and civil sexual abuse cases. These articles discuss the uses and advantages of videotaped evidence and provide "how-to's" in regard to equipment and interview techniques.

Gathering Evidence: Bloodstains. Tahir and Brown describe the forensic tests performed on a bloodstained bed sheet that were used to determine whether the source of the stain was the victim or the defendant. This type of testing represents new developments in forensic science, with analysis based on identification of genetic markers in the blood.

## Disposition

Child Sexual Abuse Cases. McPartland reports on an interdisciplinary team approach to providing assistance and dispositional alternatives to law enforcement personnel working with sexually abused children and their families. The Norfolk Family Sexual Trauma Team (Virginia) modeled after the Santa Clara County, California, Child Sexual Abuse Treatment Program, combines the cooperative efforts of the Norfolk Police Department and the Division of Social Services. The team, which handles only incest and sexual abuse cases, is composed of a Youth Division investigator and a Child Protective Services employee who work closely with the prosecutor, psychiatrists, courts, and the Probation Department. The team's objectives include reducing trauma to the child by eliminating successive and repetitive questioning and initially removing the offender rather than the child from the home, and providing rehabilitation as an alternative to long-term incarceration for the offender. The program has saved, in funds that would otherwise be spent in these cases, $358,000 during its first year of operation and handled 145 cases; there has been only one known case of recidivism. A case illustrating the role of the team is presented, and suggestions are offered for cities wishing to implement such a program.

Court Referral. The Bureau of Justice Statistics presents preliminary results of a pilot study addressing the processing of offenders who commit crimes against children, using data from Offender Based Tracking Statistics in California, New York, Ohio, Pennsylvania, Utah, and Virginia. The data from 1980 and 1981 focus on four types of crimes: kidnapping, sexual assault, other sex offenses, and family offenses. They indicate that while 93 of every 100 offenders arrested are prosecuted, resulting in 64 convictions, only 24 of the 64 convicted are incarcerated, and one-third of those incarcerated are sentenced to more than a year in prison. Comparative figures show that offenders against children are prosecuted and convicted more often than other offenders. Yet fewer offenders against children are incarcerated, and those that are receive shorter prison sentences than other offenders.

## Training for Work with Child Sexual Abuse Cases

Stone, Tyler, and Mead provide a model for training police officers to handle child sexual abuse cases in their outline of a three-part program for such training. The first component deals with the history and dynamics of child sexual abuse, providing a background for understanding this problem. The second program component explains the types of sex offenses and describes standard physical examinations of sexual abuse victims. The third part of the model program teaches techniques for interviewing sexually abused children, and includes explanations of the uses of videotapes.

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# CHAPTER VI

## CURRENT CHILD ABUSE AND NEGLECT RESEARCH FOR EDUCATORS

This chapter reviews the articles, books, and other publications received by the Clearinghouse on Child Abuse and Neglect Information in 1985 that were written to assist educators in identifying, treating, and preventing child abuse and neglect. These publications were prepared for or by teachers, administrators, pupil services staff, staff of local and State education agencies, Board of Education members, and school affiliated groups and professional organizations, as well as other professionals and concerned citizens interested in understanding and taking action through the schools to combat the problem of child maltreatment.

The role of teachers and school systems in efforts to identify, treat, and prevent child abuse and neglect is explained in detail in The Educator's Role in the Prevention and Treatment of Child Abuse and Neglect (DHHS Publication No. (OHDS) 84-30172), one of the publications in the National Center on Child Abuse and Neglect (NCCAN) User Manual Series. In addition to reviewing current child maltreatment research of interest to educators, this chapter may be seen as an addendum to the information provided in Educator's Role, which was most recently reprinted in September 1984.

### Understanding Child Maltreatment

Two articles published in 1984 report research designed to understanding the effects of child abuse and neglect on academic performance. Bradley and Caldwell report on the authors' investigation which was a followup to previously reported research on the relationship between home environments and achievement test scores. In two earlier investigations, the authors found that scores on the Home Inventory administered during the first 2 years of life were substantially correlated with intelligence test scores at ages 3 and 4-1/2. In the current investigations, HOME scores in the first 2 years showed similar relations to SRA Achievement Test scores during the first grade. In general, findings from this study were like those from earlier investigations except that the subscale, "maternal responsivity," showed a weaker relation to achievement than IQ, while the "variety of stimulation" scale showed a stronger relation. Of all the HOME subscales, "play materials" revealed the strongest correlation with first-grade achievement. When 12-month Bayley MDI scores were partialed out of the HOME/achievement relation, little reduction was noted in the magnitude of the correlation; however, when 3-year IQ or subsequent HOME scores were partialed out, little residual correlation was noted.

In a study conducted and reported by Gregory and Beveridge, 13 6-year-old children who had been physically abused by their parents were assessed in school for language development, educational attainments, and social adjustment and compared with a control group of children from some of the same school classes. The children had been abused before they were 4 years old and had attended the Family Center of the National Society for the Prevention of Cruelty to Children in Manchester, England, before starting school. In addition, they and their parents had received social work support and supervision from a special unit team. Assessments were restricted to activities normally associated with school which could be completed in 30 to 40 minutes. These included the British Ability Scales (word reading, naming vocabulary, word definitions, and early number skills), arithmetic addition and subtraction, a sentence comprehension test, and the Bristol Social Adjustment Guide. Results revealed that 10 of the 13 abused children had made measurable progress in reading. However, there were no significant differences between the groups in language development or number skills, but the abused group did contain more high (maladjusted) scores on the Bristol Social Adjustment Guide. Most of the children were found to be making progress within the ordinary school system despite the disturbances in their home life.

## Why Educators Should Be Involved

### School and Community Issues

In its focus on prevention and recognition, an educator's handbook by Campbell and Mead emphasizes that schools must identify the problems of abused and neglected children and provide appropriate help. It identifies the school as the only place professionals trained to observe children's behavior see a child regularly for extended periods and possibly the only place an abused or neglected child has access to concerned and caring adults.

In a similar vein, Erickson, McEvoy, and Colucci's guidebook examines the need for school involvement in dealing with child abuse and neglect (including sexual abuse) and discusses the school's role in protective and preventive service provision. The history and magnitude of child abuse and neglect are reviewed, as well as the characteristics and needs of abusers. Recommendations are made for the development of school policies in the areas of reporting, school/community coordination, and professional activities. Aids to the identification of maltreated children are outlined, and reporting of suspected abuse to child protective service agencies is discussed. The roles of school administrators, nurses, teachers, and other personnel following identification and reporting of abuse are discussed. Particular attention is given to the manner in which school staff should and should not relate to maltreated children and their parents. School curriculum programming aimed at preventing child abuse and neglect is examined, including educational programs for children, parents, educators, and the general community. A variety of prevention-oriented activities which can be conducted within a community education framework or within regular elementary and secondary school programs are described. Finally, the contribution which schools can make in preventing child abuse and neglect through special programming for teenage parents is delineated.

### Legal Issues

A 1985 publication, Fead's booklet for schools, reviews State employee screening laws, child abuse reporting laws, and policies and procedures adopted in eight of the largest school systems regarding the school's role and responsibility in child abuse. A discussion of legislation requiring background investigations of all persons who work with children reviews what State legislatures are doing in this area, how schools are involved, and the benefits and drawbacks of such legislation. Mixed assessments of such laws at the national and State levels are noted. Particular attention is given to the impact of this legislation in California, Florida, Maryland, Pennsylvania, and Utah. The obligation of educators to report child abuse is discussed, along with reporting procedures, immunity, child abuse registries, and definitions of abuse. Tables and charts on reporting procedures and immunities granted reporters of abuse are included. Child abuse prevention and treatment efforts around the Nation are also reviewed, as is the Federal Goverment's role in supporting these programs and the work of the National Committee for Prevention of Child Abuse. The text of a new California law, widely hailed by child abuse prevention advocates, is included, along with that of the new Federal matching-funds legislation for children's trust funds. Child abuse prevention and treatment efforts are then examined in eight of the Nation's largest school districts: New York, Los Angeles, Philadelphia, Houston, Detroit, Hawaii, Dallas, and Broward County, Florida. The appendixes include advice on how to interview a suspected abuse victim and a listing of where to report abuse in the 50 States. Also listed are the names, addresses, and phone numbers of many organizations that collect and distribute information on child abuse or provide direct services to schools or families.

## Recognizing Child Maltreatment in a Classroom Setting

In Harrison and Edward's guide for educators, a victim of child abuse discusses her childhood experiences and presents interviews with other adults who were abused as children. The personal stories are interspersed with information appropriate to the related incident on how to identify behavioral and other signals suggesting a child is being physically, sexually, or emotionally abused. The stories emphasize how abuse victims coped with the abuse as it occurred and how the abuse affected their adult lives. Following the interviews are sections instructing educators and health professionals on how to recognize the signs of abuse in the child, how and where to report the abuse, and how to interview suspected abuse victims.

Bavolek also provides teachers, especially school personnel in Wisconsin, with an examination of the dimensions of child maltreatment, including emotional abuse, failure to thrive, adolescent abuse, and sexual abuse.

Recognizing sexual abuse is the subject of Rosenzweig's article, in which adults are taught to identify the behavioral and psychological symptoms manifested by child victims of sexual abuse, along with how to respond when such children seek help from them. Behavioral symptoms of sexual abuse are noted to include withdrawal, aggressive behavior, and self-destructive activity, while low self-esteem is a common psychological characteristic of sexually abused children. The adult in whom a sexually abused child confides is advised to believe the child's account of the sexual abuse and transmit to the child this belief that he or she is telling the truth. Adult confidants are also advised to assure the child that he or she is not to blame for the abuse, while acknowledging the child's conflicts and confusions about the abusive situation. The adult is instructed not to make promises to the child that cannot be kept, such as not telling anyone else about the abuse. Further, the adult is advised never to criticize the child for not having reported the abuse earlier. Overall, the confidant should be supportive and provide practical help, such as cooperating with child protective service workers and contacting other relevant community resources.

## Reporting Child Abuse and Neglect

Three new publications explain the teacher's role in identifying and reporting child maltreatment, as required by the laws of two States and one Canadian province. Taft, Luehr, and Bussert provide this information for educators in Minnesota, while LeBoeuf presents an overview for the Florida teacher. Church describes the policies and procedures for child abuse and neglect reporting by teachers in Manitoba, Canada.

## Teaching the Children of Dysfunctional Families

Research indicates that abused children suffer deficits in cognitive skills, undergo major affective disturbances, and manifest either aggressive or withdrawn behaviors. An article by Salter, Richardson, and Kairys suggests techniques for dealing with the behaviors and developing the skills of abused preschoolers. It notes that abused preschoolers generally required more consistency, patience, and time than nonabused preschoolers. Appropriate techniques for such children include getting close to them when giving instructions, bending down to speak with them at eye level, using body language appropriate for the instruction given, using positive rather than negative instructional phrasing, and defining limits for dealing with a problem the child is encountering. Additional techniques are giving children options for problemsolving behavior, defining the logical consequences of inappropriate behavior, differentiating between normal feelings and unacceptable behaviors for expressing those feelings, and promoting assertive behavior for fearful and withdrawn children when they are exploited by other children. It is emphasized that abused preschoolers also required guidance in skill building, particularly in the areas of language and gross motor skills. Techniques to facilitate these skills are described.

Feshback addresses tactics that the teacher can use to cope with aggressive or disruptive children, focusing on the promotion of empathic skills in aggressive elementary age children as a way to regulate aggressive behavior and promote social behavior. The theoretical relationship between empathy and aggression is reviewed, and training procedures concerned with empathy training are examined. The procedures, tested on a group of third and fourth graders, can be characterized as having a general focus on the experience and expression of emotions. A control group of third and fourth graders completed training to improve their problemsolving skills in nonsocial settings. Field studies indicate that those who took the empathy training had a more positive self-concept than did both the control group and children who received no training. Furthermore, empathy-trained students showed statistically significant changes on both the aggressive and prosocial dimensions.

Intended for people who work daily with children under stress, Brenner's book addresses the spectrum of stresses children may encounter, including physical and emotional abuse, neglect, and sexual abuse and exploitation. The chapter devoted to the stress occasioned by physical and emotional abuse begins by defining abuse, including sibling and institutional abuse, and then proceeds to a discussion of the ecology of abuse, encompassing microsystem dynamics, exosystem factors, and macrosystem pressures. This chapter also considers the symptoms of physical and emotional abuse to facilitate identification, and current helping strategies for both children and parents are considered. A description of proposed helping strategies for dealing with emotional and physical abuse focuses on controlling impulsive violence, using empathy to deal with pain, working with siblings, and teaching positive coping strategies. The chapter concludes with a discussion of legal issues, notably the concept of guardian *ad litem* and jurisdictional problems. A chapter on neglect also examines ecology, victim identification, coping patterns, current and proposed helping strategies, and legal issues. Another chapter on sexual abuse and exploitation follows a similar format. A discussion of child victims of parental alcoholism also considers coping patterns, the identification of victims, current and proposed helping strategies, and legal issues. The concluding chapter describes strategies for use by nontherapists in helping children cope with stress.

## Preventing Child Abuse and Neglect

A majority of the most recent publications on child maltreatment for educators focus on prevention, especially the prevention of sexual abuse through self-defense curriculums. Kassees provides a guide to child abuse prevention for teachers and school officials. Following a summary of the history of child abuse, the school's role in preventing child abuse and neglect is discussed with reference to identification, reporting, and educational programming. The guide explains that teachers and other school employees are required to report suspected or known abuse in most States. Expanding the knowledge base of school personnel in the areas of definitions, behavioral indicators, family dynamics, and service availability can better enable them to fulfill the reporting mandates covering physical abuse and neglect, sexual abuse, and emotional abuse. Teachers need to be aware of behavioral indicators of abuse: aggressiveness, passivity, social withdrawal, poor interpersonal skills, low self-esteem, pseudoadult or very immature behavior, precocious sexual knowledge or behavior, defensive response to touch, and learning disabilities. Greater disclosure of abuse may also be accomplished by educational programming. By incorporating basic information on personal rights, self-care, discipline versus abuse, self-esteem, privacy, and resources into existing programs on personal safety and health, schools can expand children's awareness of appropriate and inappropriate lifestyles and behaviors.

## School Based Programs

### Education for Parenthood

Two studies are reported in which researchers examined issues of importance in designing family life education courses for older adolescents and young adults aimed at child maltreatment prevention. Roscoe, Callahan, and Peterson discuss, in terms of the implications for parent education programs, the findings of their study which examined later adolescents' beliefs, attitudes, and opinions concerning factors associated with child abuse, to determine their acceptance of a psychopathological, sociological, or ecological interpretation of abuse. A total of 447 undergraduate students were surveyed during the fall semester of the 1983-84 academic year. Data were collected during the first part of the semester via a questionnaire consisting of 22 statements describing factors associated with child abuse, and analyzed by means of descriptive (i.e., frequencies and percentages) and nonparametric statistical techniques (i.e., chi-square tests of goodness of fit). Overwhelmingly, adolescents indicated that their views were most closely aligned with the psychopathological model, followed by the ecological model. Subjects maintained that parental psychological factors and victim characteristics contributed strongly to maltreatment. Further, societal factors were perceived as relatively unimportant causative agents or correlates of abuse.

The purpose of Zoline and Jason's study was to evaluate the effectiveness of a brief, five-session, preventive, parent education program for high school seniors. The program included behavioral skills training, parenting and child development information, and an effort to modify cognitions about parenting. A placebo group participated in a program covering other aspects of adult living: money management, career selection, and adult relationships. Following the intervention, program participants showed significantly greater knowledge and positive expectations regarding parenting than placebo participants. Providing youngsters with information and skills prior to milestone transitions--such as parenthood--represents an important endeavor for behavioral psychologists with interests in prevention.

## Self-Protection Curriculums and Programs

Generally. Martens, of the Mental Health Association of Dallas County, Texas, has prepared a broad-based curriculum guide that provides material on how to use and practice the concepts presented in the WHO (We Help Ourselves) program. That program is intended to help children protect themselves from such threats as child abuse, sexual assault, peer pressure, robbery, fraud, harassment, emotional abuse, and domestic violence. Also included is a packet of materials for persons who may wish to start a WHO program in their communities. The WHO program emphasizes that children should have a plan for personal safety; have a plan for assertive, positive action; and be prepared to ask trusted adults for help when they have been threatened or actually abused. This curriculum guide outlines the program's content, methods, staff, and learning environment. Lesson plans are presented for kindergarten through third grades, fourth through sixth grades, and seventh through twelfth grades. Lesson plans include objectives, scripts for dramatizations that support lesson objectives, guidelines for presenting the objectives, explanations of common reactions and responses of the targeted age group, and followup reinforcement activities.

Similar materials were also written by Anderson and Benson, who prepared a textbook and course guide for presentation of a 10-session course to upper elementary and middle-school children on self-protection against various dangers, including kidnaping, sexual abuse, and physical abuse.

Self-Protection From Sexual Abuse. There is a wealth of new material to use as resources in teaching children how to protect themselves from sexual assault. In addition, various self-protection courses have been implemented and their effectiveness evaluated.

- Resources. Recently developed curriculums for teaching self-protection and personal safety have been designed for virtually all grade levels and levels of development. The Renton, Washington School District, Department of Instruction has designed a unit on child sexual abuse prevention as an addition to the safety component of its current second grade health education curriculum. Also from Washington State, through the Seattle Institute for Child Advocacy, is Harms and James' curriculum for kindergarten through sixth grade on sexual abuse awareness and prevention. Teachers of the Alaska Sexual Abuse prevention program may refer to the lesson plans in Morgan's manual for sexual abuse prevention on two levels, kindergarten through 6th grade and 7th through 12th grades. Fortune's five-session study course, field tested with approximately 800 students and over 80 adult leaders and parents, stresses sexual abuse prevention techniques to adolescents. Plummer provides self-protection curriculum outlines and lesson plans for kindergarten through grade 12 and for developmentally disabled children. A two-level curriculum designed to teach moderate to borderline mentally retarded students about sexual exploitation and self-protection from exploitation is available from the Comprehensive Health Education Foundation of Seattle, Washington. The first level of this curriculum was prepared by University YMCA Rape Relief also of that city, and the second level was prepared by Seattle Rape Relief, Developmental Disabilities Project.

Chutis' manual for the child sexual abuse prevention program presented in Chicago schools provides facts on child sexual abuse--definitions, myths, and characteristics of the abuse, victim, offender, and other family members—that will be helpful to the teacher, lesson plans for various grade groupings, and teacher training suggestions. Turkel, Cohen, MacDonald, Pearson, and Trager's program manual for teachers of fourth, fifth, and sixth grades in Westchester County, New York, presents the purposes, objectives, and teaching material for a child sexual abuse prevention course. The outlines and sample presentations contained in Loontjens' manual focus on basic concepts identified in the booklet, "He Told Me Not to Tell." The manual contains presentations for three levels--kindergartners and first graders, fourth and fifth graders, and sixth graders.

Materials written for children include Anderson and Benson's student handbook that provides instruction and exercises to teach children self-protection against abuses from other people, including abduction, sexual abuse, and physical abuse. Similarly, Stowell and Dietzel's workbook and supplementary materials are designed to help children learn to recognize, prevent, and deal with sexual abuse.

- Program Evaluations. Five new documents report the evaluations of either entire child sexual abuse prevention programs or components of those programs. Gilchrist's report describes the implementation of and presents evaluation results from the Child Abuse, Research and Education (CARE) Program for kindergarten through third grade at Meadowbrook Elementary School in British Columbia. The program is designed to promote children's rights and personal safety, with special emphasis on the prevention of sexual abuse. Through the program, children learn that they are responsible for their own bodies and feelings. They learn how sexual abuse happens, and how to recognize potentially dangerous situations. The program also emphasizes self-protection, assertiveness, and the importance of reporting. Meetings for parents provided information on sexual abuse and permitted parents to preview course materials. Parents' evaluations of the CARE program were very positive, with 91 percent of the respondents indicating that the program had contributed to their child's safety. The educational materials used in the CARE program were evaluated by Hanson, who found that overall teachers' reactions to program components and materials, including teacher training sessions, were favorable. In addition, analysis of pupil questionnaire data indicates that compared to controls, pilot pupils showed a greater understanding of the information and concepts regarding body parts, personal privacy and responsibility, and appropriate versus inappropriate touching.

The effectiveness of children's theatre for sexual abuse prevention was evaluated by Swan, Press, and Briggs. This evaluation of a sexual abuse prevention program for children examined children's before and after knowledge about how to prevent sexual abuse and children's, parents', and professionals' reactions to the program. The program constituted a play, "Bubbylonian Encounter," designed to teach children to discriminate between positive and negative touching and become aware of sexual assault, to resist sexual abuse and report it to someone they trust, and to become aware that they may be sexually abused by a friend and family member as well as a stranger. Forty-four urban, elementary school children who saw the play were pretested with five video vignettes that included two examples of positive touching, one of negative touching, and two of sexual abuse. The children were asked to circle the response that best described the touch demonstrated in the vignette. The posttest was the same, with the addition of questions that solicited the children's reaction to the play. Both the pretest and posttest yielded 72-percent correct responses for the nonsexual touch vignettes and 92-percent correct responses for the sexual assault vignette, indicating that no additional learning occurred as a result of the play. The play was successful in increasing children's awareness that they should report sexual assault and that sexual abuse can occur within the family. Forty parents from a rural community responded to a questionnaire that asked about their observations of their children's behavior and attitudes about viewing the play. Also, 225 parents and mental health professionals who viewed the play were queried about their opinions of it. Responses from all groups were generally favorable.

Pretest and posttest questionnaires were used by LaTorre with a quasi-experimental design to evaluate the effectiveness of three personal safety project workshops on child sexual abuse--a teachers' workshop, a parents' workshop, and a personal safety awareness workshop for children. Evaluation results indicated that the workshops significantly improved the subjects' appropriate behavior in most areas. Comparison of preworkshop and postworkshop scores indicated that teachers' knowledge of how to respond to a child's complaints of sexual abuse had improved, and they reported feeling more comfortable in dealing with the topic of sexual abuse before a class. Parents' postworkshop scores indicated that they would be more likely to believe a child's complaint of sexual abuse and more comfortable discussing the topic within the family. Parents' reports of how they would try to obtain help for a sexually abused child, however, were no more appropriate after the class. Intermediate students reported enhanced body valuation and self-esteem, as well as increased knowledge of potentially dangerous situations. In contrast to a control group not in the program, grade five students were more likely to successfully terminate an uncomfortable touch (a continuous handshake); only one out of 10 primary students were able to successfully terminate the continuous handshake despite their discomfort.

Volpe's evaluation of a psychoeducational program component designed to teach children in grades 5 and 6 about child abuse and neglect documented any changes in knowledge and attitudes about child abuse in a test group of 315 children. A comparison group of 298 children was closely matched with the test group on the basis of age and sex. The classes were formed by randomly selecting 12 classes whose teachers agreed to use the component and 10 classes whose teachers chose not to use the component. All students received the same curriculum for their grade level, with the exception of the field-test measure group receiving the component. Selected child abuse knowledge, attitude, and personality variables were tested in all subjects in a posttest comparison group research design. Teacher knowledge and attitude were also assessed. The results of the data analysis and the teacher and special observer reports suggest that the component was effective in meeting its objectives and was not disturbing to test subjects. Apparently the test children profited from experiencing the component mainly because of the opportunity it provided for class discussion. It was also found that the knowledge and interest levels of the children in both groups were seriously underestimated.

### Help for Families at Risk

Bourque presents a structured learning skills program as a curriculum for high-risk, abusive, or neglectful families. The curriculum's 10 units focus on self-esteem, communication, the past and change, child development, anger, guidance, discipline, stress, and resources. Each session provides instructors with information activities (with time estimates) and directions and is a self-contained unit with class objectives, outline, and preclass preparation requirements. An appendix for each session includes the supplements to the session, class handouts for duplication, a bibliography, a resource list, and an inclass homework assignment. Teacher's notes provide instructors with directions for leading the activity and facilitating discussion. The manual includes suggestions for home visits to give students the opportunity to practice concepts and skills learned in class with a trained home visitor. In addition to the curriculum, the manual contains a section on general procedures and techniques. A final section contains articles on the abusive parent and the neglectful parent.

## School-Community Programs

### Generally

Davis and Roth of the Wisconsin Bureau for Pupil Services have prepared guidelines that serve as an example of school-community cooperative effort in combating one form of child maltreatment. These guidelines for Wisconsin schools are intended to help schools develop policy and procedures on child sexual assault and abuse and to aid in establishing cooperative interventions with appropriate community resources. An introductory section examines the extent of child sexual assault and abuse, defines the problem, and focuses on its incidence and significance. Another section includes a sampling of prevention and intervention programs in Wisconsin and a list of ways in which public school staff can become involved outside the school setting. Subsequent sections present guidelines for developing school board policy, appropriate response systems to use when school personnel suspect child abuse is occurring, and an effective community response network.

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## Training and Development Programs

Connecticut's schools have, in the past few years, been involved in various child abuse and neglect prevention programs financed through that State's Children's Trust Fund. Creative Associates describes one project undertaken to increase awareness of child maltreatment among parents and staff of elementary and middle schools. The five tasks included development of an information package, statewide training of trainers, a pilot test of the educators' curriculum, development of radio and television public service announcements, and an evaluation system. Results of participants' evaluation of the 2-day training workshop indicate that most participants found the training program to be valuable. The training content, process, and effectiveness all received high ratings by participants. Also provided are evaluations of the pilot test, an experiment in which one of the training teams prepared and presented a training session for members of other training teams. Participants overwhelmingly felt that the content and materials were highly relevant to their jobs and that attending the session was a good use of their time.

## Parent Education Programs

A study that underscores the importance of parent education programs, a guide for training volunteer teachers in these programs, and a handbook for use as a text in a postnatal parent education course have all been added to the Clearinghouse data base in 1985.

Crittenden's study underscores the importance of education in parenting skills for new parents as a means of strengthening family bonds and avoiding the pattern of dysfunction. This study of mother- and sibling-infant interactions in 36 families suggests that parental style of child rearing begins to influence the child at a very early age and that most children are influenced to interact with others in a manner similar to that of their mothers. The data provide evidence of a generational effect in the learning of parenting styles appearing as early as 3 years old. Moreover, they suggest that the effect is not attributable to infant temperament.

Ward's guide for training volunteers in the teaching of parenting skills is a product of Project Network: Community Based Primary Prevention of Child Abuse and Neglect, designed to assist community groups in teaching and other activities intended to improve parenting skills. The guide's first section familiarizes volunteer trainers with some of the basic steps in developing and leading groups, and the second section guides trainers in the selection of materials and teaching techniques for imparting information on child abuse and neglect. A section on developing a mature self-concept discusses such subjects as creating models for individual and parenting identities and blending these two identities. Additional sections instruct trainers in teaching parents communication skills and limit-setting for children at various developmental stages; explore family interactions and creation of family unity; present materials on child abuse and neglect; and provide instruction in helping parents select and use community resources in the areas of money management, nutrition, child safety, and legal services. The concluding section guides trainers in teaching parents about dealing with their adolescents' sexuality.

Rothenberg, Hitchcock, Harrison, and Graham of the Children's Health Council of Palo Alto, California, have prepared a text for parent education courses. Designed to both develop and enhance parenting classes, this handbook presents major topics usually raised by parents of infants and preschool children, such as setting limits and the child's crying, playing, learning, feeding, and socializing with other children. Information on each topic is presented in age-divided sections, and each section includes teaching goals, parents' most common questions, sample lectures, and homework and handouts for parents. Also provided are guidelines to help parents analyze and solve their child rearing problems and suggested readings. There is sufficient material for each age group to use as the basis for an 8- to 12-week class. The handbook also addresses organization issues and teaching techniques to assist instructors. Topics covered include the establishment and administration of a program, class preparation and evaluation classes for fathers, activities that include children, and provision of support to individual parents as well as to the group.

## Individual Action

### The Issue of Corporal Punishment

Levy's article examines the evolution of the standard of reasonableness in reference to teachers' corporal punishment. Corporal punishment is traced from the doctrine of in loco parentis to the view that the State itself, via school officials, may impose such corporal punishment as is necessary to provide for the proper education of the child and for the maintenance of group discipline. However, the punishment must be reasonable, not excessive. This determination must be made on the basis of relevant factors, including the child's conduct and the type of punishment. Three court cases are reviewed: Baker v. Owen, in which the court held that it is constitutionally permissible for the school to corporally punish a student over his parents' objections; Ingraham v. Wright, in which the court decided that no matter how severe the corporal punishment is, the student will not be protected by the eighth amendment; and Hall v. Tawney, in which the court recognized the substantive due process rights of the child in the school setting. Court cases demonstrate that teachers are allowed greater latitude than parents in what constitutes "reasonable" corporal punishment.

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# CHAPTER VII

# CURRENT CHILD ABUSE AND NEGLECT RESEARCH FOR MEDICAL PROFESSIONALS

Over the past 2 decades the medical profession has been foremost in raising public awareness of child maltreatment as a health problem, and members of the medical profession have been pioneers in mobilizing public and professional concern into social action. The journal articles, books, and other publications reviewed in this chapter are those published research reports received by the Clearinghouse on Child Abuse and Neglect Information in 1985 that reflect this understanding of child maltreatment as a medical problem. Written by or for various medical professionals, including physicians, nurses, paramedics, and hospital staffs, the research reports reviewed here represent the current body of knowledge in the efforts of medical professionals to diagnose, treat, and prevent child abuse and neglect.

## Diagnosis: Identifying and Reporting Child Abuse and Neglect

### Overviews for Medical Professionals

**Physicians.** In 1985, the Council on Scientific Affairs presented the American Medical Association's guidelines designed to help primary care physicians in the identification and management of the various forms of child maltreatment. The guidelines included a brief historical introduction, specific information about vulnerable families and children, and the physical and behavioral diagnostic signs of physical abuse, physical neglect, sexual abuse, and emotional maltreatment. Information about specific techniques for interviewing the abused child and family, case management, and trends in treatment and prevention were also provided. The physicians' legal requirement to report suspected incidents of child abuse and neglect was outlined, as were their roles in local team efforts, in the primary prevention of child abuse and neglect, and in national and State efforts.

In the AMA's *Journal*, the development and usefulness of these guidelines for physicians on detecting and treating child abuse are commented on by a member of the Association's Advisory Panel on Child Abuse and Neglect, developers of the guidelines. On the recommendation of California pediatrician Eugene Eldrige, the guidelines were developed by an advisory panel working under the AMA's Council on Scientific Affairs and adopted by the AMA's House of Delegates in December 1984. The author credits these guidelines with aiding physicians encountering difficulties in treating child victims because of emotions of repulse toward the situation and difficulties in planning beyond crisis care alternatives.

Three articles provide physicians and pediatricians with overviews of particular aspects of child maltreatment. Fontana's article highlights the prevalence and presents a profile of child sexual abuse and explains how physicians can detect, manage, and treat the problem. To increase family physicians' understanding of patterns of adolescent sexuality, Malmquist discusses types of juvenile sexual activity and discusses their legality/illegality, as well as whether they indicate psychosexual disorders.

Emotional abuse is the subject of an article by Krugman and Krugman. In this article, the pediatrician's role in diagnosing and intervening in cases of persistent familial and institutional emotional abuse of children is discussed and illustrated with a case study showing a teacher's emotional abuse of children in his classroom. The case study reports on the behavioral and personality changes parents observed in their children within 2 weeks of the beginning of school, changes uncharacteristic of previous returns to school. Although school administrators resisted accepting that the negative changes in the children were due to the classroom environment, the cause was ultimately traced to a particular teacher's verbal harassment and terrorizing of the children. The children's behavior changed again when the teacher was transferred to another school. Using this case as an example, the authors emphasized that pediatricians need to be aware of the existence of institutional abuse and its indicators. In diagnosing such abuse, pediatricians are advised to develop a detailed medical and psychosocial history of the child, noting the onset of changed behavior and type of symptoms. This history should include epidemiologic data on the prevalence of similar symptoms in other children in the same institutional environment. Pediatricians are instructed to be particularly alert to psychosomatic symptoms and changes in behavior patterns and are advised to take note of any changes in normal behavior patterns and any signs of excessive anxiety. In the case study presented, the pediatrician's intervention role is two fold: he is a presenter of clinical findings to the school administration and a professional making the recommendation that the child's classroom environment be changed.

Nurses. In Nursing Care of Victims of Family Violence, edited by Campbell and Humphreys, Humphreys has contributed two chapters of interest to nurses involved with young victims of maltreatment. To update nurses on current theories of child abuse and neglect and provide a basis for developing nursing research and application to practice, Humphreys reviews the historical mistreatment of children by adults, current child abuse theories, and profiles of abusive and neglectful parents. The author also examines statistical data on the extent of child abuse and neglect along with difficulties in defining child abuse and neglect. Humphreys' discussion of nursing care of the abused and neglected child within a family context considers detection, case assessment, planning, intervention (emphasizing prevention), and evaluation of case progress.

In the same book, Munro delineates a nurse's legal responsibilities to the child victim and the community and examines the nurse's potential as an expert witness. Reporting statutes are discussed in detail, since all States require nurses to report suspected child abuse. Reporting issues considered include the basis for a report, penalties for failure to report, immunity from liability, and special problems encountered by nurses, such as disputes with a physician or lack of response from the welfare agency. Munro emphasizes that nurses are strategically positioned to detect child abuse, collect evidence, and testify in court and presents guidelines for nurses' recordkeeping and testifying. Also in Nursing Case..., Burgess describes various forms of intrafamilial sexual abuse, analyzes theoretical models of causation, discusses patterns of victim reponses, and describes a therapy group for adult victims of childhood incest. The nursing care of incest victims is also the subject of of Ledray's journal article for school nurses which describes the types of incest offenders, discusses incest as a symptom of family dysfunction, and reviews the effect of incest on the victim. It also outlines procedures for school nurses to follow when incest is disclosed and compares victim advocacy with family systems models of treatment.

Three manuals, one from a California child welfare organization and two from Canadian nursing associations, provide overviews and instruction for nurses in the identification, reporting, and treatment of child abuse and neglect. Mead, Campbell, and Sanson of For Kids Sake, Incorporated, in Brea, California, provide a training and resource manual for nursing personnel that explains how to identify and report child abuse. It outlines information that must accompany a report of abuse, reviews the reporting responsibilities and liabilities faced by medical personnel, and details with narratives and illustrations physical wounds that indicate possible abuse. Thomas' handbook for nurses in Ontario provides guidelines to the identification and treatment of child abuse, neglect, and deprivation. It provides definitions of abuse, neglect, and deprivation and delineates factors which place families at risk. Similarly, Taylor's manual for nurses in Nova Scotia provides guidance on the nurse's role in identifying abused children and high risk families, preventing and reporting child abuse, and planning educational programs for peer groups and the public.

**Dentists**. Medical practitioners who may encounter maltreated children include dentists, as pointed out by Sanger and Bross in their book. This guide for dental professionals covers the diagnosis, treatment, and reporting of child abuse injuries. It reviews the orofacial manifestations of physical and sexual abuse, explaining evidence of physical abuse (bite marks, burns, lacerations, facial fractures, and injuries to the teeth) and sexual abuse (venereal warts, syphilis, herpes progenetalis, erthema/petechial palate, and other venereal diseases). Documentation guidelines cover use of written observation, photographs, x-rays, and cast models. Interviewing techniques and child protection measures are outlined, as are ways of framing questions to elicit necessary information and appropriate responses to angry, denying, aloof, and depressed parents. Interdisciplinary cooperation in managing child abuse is emphasized, and participation by dental professionals in child protection teams is encouraged. Guidelines for presenting expert testimony are also provided. In addition to acknowledging their own expertise, dentists are reminded to be objective, dignified, and cooperative as witnesses. Other topics covered include dental neglect, cultural health practices suspected as child abuse, and the dentist as child abuser.

**Medical Facility Staff**. Other medical professionals involved in the identification, treatment, or prevention of Child Abuse and Neglect are staff members of medical facilities, such as hospitals or residential treatment centers. The New Hampshire Task Force on Child Abuse and Neglect has written guidelines for those hospital staff members who are usually the first to encounter victims of maltreatment. Prepared to assist emergency room personnel in New Hampshire handle suspected cases of child abuse, these guidelines cover indicators of abuse and neglect, legal obligations to report, professional responsibilities, contacts with the family, and documentation.

The prevention of institutional abuse and neglect is the intent of Abrams, Nuehring, and Zuckerman's instructional guide. This four-part training program for direct care staff who work with developmentally disabled persons presents instructions for abuse and neglect identification and reporting. It explains normalization and presents a bill of rights for the developmentally disabled. It also discusses behavior management and aggression control techniques (ACT).

## Identification and Diagnosis of Child Maltreatment

Differential Diagnosis. As with any disease, a valid initial diagnosis of child maltreatment is crucial to its treatment. Since Dr. C. Henry Kempe and others first identified the "battered child syndrome" over 20 years ago, the medical profession has continued to investigate the clinical symptoms of maltreatment to correctly detect child abuse and neglect in pediatric patients. A number of articles received by the Clearinghouse in 1985 report recent findings related to this continuing investigation and discuss problems in diagnosis.

Christoffel, Chiaramonte, and Zierserl write that there are no available guidelines to help the clinician decide whether to suspect child abuse or neglect when a child who dies unexpectedly does not have injuries of abuse and the social situation is not well known. Deaths during 2 years at a pediatric teaching hospital were studied to develop guidelines for clinicians who must decide when to explore the possibility of child abuse or neglect when a child dies unexpectedly.

There were 43 such deaths during 2 years, the majority due to natural causes. However, nine deaths were related to suspected child abuse or neglect (SCAN) and, in three of those cases, evidence of injury was found only at autopsy. The SCAN cases were more often mistaken for medical illness than for uninflicted injury, indicating that autopsy and postmortem skeletal survey are warranted whenever a child dies unexpectedly. The two factors "dead on arrival and "1 year of age or less" had a positive predictive value for SCAN of 89 percent and a negative predictive value of 94 percent. The two factors identify a high-risk group requiring at least hospital-based investigation into the possibility of abuse or neglect. Reporting for SCAN is warranted when unsuspected trauma is found post mortem, there is direct physical or social evidence of child abuse or neglect, or the child is in the high-risk group and hospital-based investigation fails to eliminate the possibility that maltreatment contributed to the child's death.

Kirschner and Stein report 10 cases of mistaken clinical diagnosis of child abuse because the treating emergency room physicians mistook life-threatening illness or postmortem artifacts for inflicted injury. In all cases, the children had died suddenly, and their deaths were reported to the Office of the Medical Examiner of Cook County (Illinois) in accordance with statutory requirements. This investigation included review of all medical records, police reports, and other pertinent information. A complete autopsy was performed in each case. In three cases, treating physicians misinterpreted normal postmortem changes as indicative of injury. In two cases, children were misinterpreted as having head injury secondary to progressive lethargy and coma due, in fact, to meningitis. Other cases involved misinterpretations of symptoms from purpura fulminans, atypical pariental suture lines, vigorous attempts to resuscitate after respiratory arrest, mongolian spots, and severe congenital heart disease. The histories related by the parents were in all cases truthful and consistent with the results of the physical examinations. All of the families were from the inner city, and, with two exceptions, the involved hospitals were small and without pediatric personnel in the emergency department. The treating physicians lacked experience with severe childhood illness and death and exhibited suspicion and hostility toward the parents. Other examples of conditions simulating child abuse are provided by Coffman, Boyce, and Hansen from their examination of two cases of children presenting with hyperpigmented skin lesions suggestive of child abuse. The final diagnosis was phytophotodermatitis, caused by the parents' inadvertent application of squeezed lime juice to the children's skin, followed by sun exposure. In the first case, a 4-year-old girl presented with deep brown hyperpigmented macules in an irregular distribution on her chest, upper back, and wrist. The lesions were not tender or pruritic, and the skin was otherwise normal. In the second case, a 14-month-old boy showed multiple, linear hyperpigmented lesions on the chest and back. Lesions were in a fingerprint or handprint pattern. In both cases, the lesions resulted from the inadvertent application of squeezed lime juice to the children's skin by their parents during the routine preparation of drinks, followed by sun exposure which activated the applied plan psoralens (furocoumarins). Phytophotodermatitis can be induced by a number of plants, including fig, parsnip, and celery, and, when unrecognized, may lead to an inappropriate investigation of child abuse. In these cases, three features supported the diagnosis of phytophotodermatitis: known exposure to a psoralen-containing plant, followed by sun exposure; uniform color of lesions, suggestive of melanin pigment; and confirmative diagnosis by a dermatologist. In such cases, thorough data collection and consultation should provide a correct diagnosis.

Asnes' letter to the editor in a pediatric journal identifies skin disorders which result from an acute disease process or a "folk medicine" treatment, but which may be misdiagnosed as child abuse. A case is reported which involved a misdiagnosis of child abuse from a deeply pigmented Mongolian spot on a child's lower back and buttocks. Pediatricians have come to recognize the classic skin lesions of inflicted trauma such as strap or cord marks, hand prints, cigarette burns, and other unusual looking burns. Occasionally, a child may be suspected of having been abused when the dermatologic findings are actually the result of an acute disease process or a "folk medicine" treatment. Examples include the cutaneous lesions seen in hypersensitivity vaculitis and the ecchymotic markings resulting from Cao gio (coin rubbing) and cupping. In addition, a case study of discolored areas on a 6-month-old infant's buttocks was misdiagnosed by a nurse as child abuse when it was a deeply pigmented Mongolian spot. Physicians and other health professionals are urged to be aware of those conditions that can masquerade as inflicted traumatic injuries.

Understanding the family's history and culture is important to the correct diagnosis of pediatric conditions, as Pennock points out in a discussion of the prime importance of cultural values and beliefs for diagnosis, treatment, doctor-patient relationship, and appropriate emotional care with reference to treating the Southeast Asian refugee family. It emphasizes the importance to the Southeast Asian of spirituality, modesty, shame, face-saving, filial piety, the past, and the family. These major, ingrained values have implications for medical treatment: decisionmaking requires family conferences, patients may be unwilling to be open about their problems or their understanding of treatment, intermediaries may be required when dealing with sensitive personal issues, and chaperones are advisable during examination of female patients. Moreover, cultural beliefs about the supernatural etiology of illness may contribute to delays in seeking help. The clash between Eastern and Western values may be further compounded by intergenerational differences in values that result in additional problems and self-destructive behaviors. An indirect and nonconfrontive approach to these patients and their problems, which uses their community resources and is respectful of values and beliefs, is recommended to improve communication and facilitate effective treatment.

The X-ray as a diagnostic tool was examined by Ellerstein and Norris in a study of the usefulness of the radiologic skeletal survey in the assessment of children suspected of being abused or neglected. During a two point 5-year period, 331 skeletal surveys were performed at a pediatric hospital to aid in the identification of child maltreatment. Of the 331 surveys, 38 (11.5 percent) showed evidence of trauma. But in 30 of the 38 skeletal surveys, trauma was either previously known or suspected by the examiner, in only eight cases did the skeletal survey provide relevant new information which would have remained unknown without the skeletal survey. The age, sex, and clinical signs of the subjects were analyzed to identify factors that might predict skeletal surveys with positive radiologic findings. Few factors were predictive of the positivity or negativity of the skeletal survey, but younger patients were more likely to benefit from the skeletal survey. It is concluded that, although the numerical yield from the radiographic examination was relatively low, the potential benefit to an individual child may be great. Moreover, the skeletal survey's favorable cost-benefit and risk-benefit ratios support its continued use in examining children for abuse.

Assessment of Risk. The medical axiom that the earlier a disease is detected, the greater the chance of successful treatment, applies to the disease of family dysfunction or child abuse. Medical researchers are therefore interested in discovering those factors in the pre- and postnatal periods that correlate to later abuse and in developing means to assess which children and families are in danger of maltreatment.

Three recently published journal articles report studies of perinatal risk factors. Hergenroeder, Taylor, Rogers, and Taylor report a case-control study which examined the relationship between low birth weight and prematurity and subsequent child abuse, child neglect, and failure to thrive. Forty children were studied, 34 of whom were abused and neglected and 6 of whom failed to thrive. These 40 children were compared to 40 nonabused, thriving children individually matched by hospital of birth, gender, mother's welfare status, race, and age at which abuse or failure to thrive was manifested. The following characteristics were overrepresented in the experimental population: birth order of second or later, low birth weight, admission to neonatal intensive care, and discharge from the hospital after the mother. The higher incidence of full-term subject infants who were small for their gestational age compared to the control population (20 percent and 3 percent) was of borderline significance. It is suggested that the atypical appearance, behavior, and cry of underweight full-term infants may have a negative impact on poorly adapted parents, contributing to a dysfunctional relationship with the infant that may lead to abuse or neglect.

In addition to the perinatal risk factors of low birth weight and prematurity, Leventhal, Egerter, and Murphy report a case-control study that also examined the relationship of young maternal age to child abuse. Case subjects were chosen from all children who were reported to the Yale-New Haven Hospital Child Abuse Registry over a 5-year period. No relationship was found between either prematurity or low birth weight and child abuse. There was a significant difference in maternal age between cases and controls. Mothers of cases on average were approximately 21 months younger than mothers of controls at the time of delivery and 15 months younger at the time of first delivery. Mothers less than 20 years of age at delivery had a less than twofold increased risk of abuse, although this risk was of borderline statistical significance. No strong, single perinatal demographic risk factor for child abuse was found.

Benedict, Cornely, and White also report on a restrospective matched pair study designed to compare maternal perinatal factors--such as abnormal pregnancy history and labor and delivery experience--in families who subsequently were reported as physically abusive to one or more of their children as compared to nonabusive families. The study population consisted of the mothers of 532 children reported to the Baltimore (Maryland) Department of Social Services as physically abused over a 2-year period. The comparison group was hand-matched to the study group from State of Maryland birth certificates on the basis of the abused child's birth year and sex, maternal race, education, and hospital of delivery. Results indicated that selected medical definitions of abnormal pregnancy, labor, and delivery did not identify families at differential risk of maltreatment. However, mothers in maltreating families were younger, had shorter birth intervals, less prenatal care, and were significantly more likely to have had a stillbirth, reported abortion, or a prior child death.

A prospective means of assessing risk is discussed by Orkow, who recounts the experiences of a Colorado prenatal clinic staff in implementing a Family Stress Checklist as a tool to assess risk of child abuse/neglect. Early problems occurred because the nursing staff completing the checklist felt uneasy questioning their patients about sensitive personal areas of the patient's lives (e.g., early childhood experiences, family financial and social situations, etc.). As a result, it was agreed that the office of social services would be responsible for this interview. Social workers met to determine the questions to be used in gathering historical, environmental, and attitudinal information on the checklist. They also defined specific categories of risk to ensure consistency of ratings among staff. During staff meetings, the social workers presented case histories and gave hypothetical scores to test consistency of ratings. Completed checklists are placed in patients' inactive medical records and updated after the birth of the child with information on labor and delivery. The records can be used by the public health nurse during perinatal home visits. The checklist is useful in determining what intervention strategies are appropriate with families experiencing problems.

Maternal Substance Abuse. Another concern raised in the study of the prenatal and neonatal periods is the effects upon their unborn children of drug or alcohol abuse by pregnant women. The medical and legal ramifications of this concern from the broader perspective of the social implications of fetal surgery are addressed by Kaufmann and Williams. These authors note that advances in microsurgery provide physicians with the opportunity to correct malformations of the fetus prior to birth. However, these techniques are being developed at a time when the legal status of the unborn is unclear and the rights of the pregnant women to determine the nature of their care are not universally recognized. In attempting to clarify the rights of pregnant women in relationship to the rights of the fetus, the authors examine the law related to abortion and the protection of the fetus after it has achieved viability. Ambiguities in the legal interpretations of viability, coupled with societal ambivalence over the rights of women, have resulted in confusion. Several cases have been reported in which the courts overrode an otherwise competent woman's refusal of surgery in the interest of the unborn fetus. Thus, legal precedent exists for the judicial suspension of the rights of pregnant women to consent to or refuse medical or surgical treatment. This trend in the law may reflect more conservative values regarding the rights of women. At the same time, the benefits to the fetus remain unexamined outside of a medical frame of reference

Against this framework are articles such as Paulson's that examine the need for a detailed medical-social evaluation of substance-abusing pregnant females whose drug histories and drug behavior may pose a significant health risk to their fetuses or newborns. The responsibility of health care providers who are aware that the alcohol and drug use by a woman poses a significant threat to her child is examined, and the fact that federally funded treatment centers are not mandated to report such suspicion of endangering is noted. Also addressed is the behavior of many pregnant addicts who avoid prenatal care for fear of being identified and, in so doing, subject themselves and their babies to numerous biological threats. A legal case in California, Landeros v. Flood, in which a physician failed to report an initial case of child abuse, is discussed, and the present legal status of fetal abuse is examined. The importance of providing for the health and safety of all children is emphasized.

Kruse writes that alcohol use during pregnancy has both physiologic and biochemical effects on the fetus, the severity of which varies with the frequency and amount of consumption. Alcohol consumed by the pregnant mother readily crosses the placenta, and its concentration in fetal blood equals that in maternal blood. Evidence suggests that alcohol is both a teratogen and a toxin to the fetus, indicating that the only safe strategy is total abstinence from alcohol during the critical stages of fetal development. Studies indicate that 10 percent of infants born to moderate drinkers (two to 44 drinks per month and never more than five on a single occasion) manifest some symptoms of fetal alcohol syndrome, but that the more severe abnormalities occur to infants born to heavy drinkers (more than 45 drinks per month or more than 5 drinks on a single occasion). Statistics indicate that the fetal alcohol syndrome (manifested in infant craniofacial abnormalities, developmental problems, neurological abnormalities, and other malformations) occurs once in 750 births in the United States. Physicians are urged to use counseling and other intervention techniques to help pregnant women reduce their alcohol consumption.

After defining fetal alcohol syndrome (FAS), Ouellette discusses its frequency, cause and effects, treatment, and prevention. FAS refers to a series of effects seen in children of women who chronically drink alcohol to excess during pregnancy. Minimum criteria for diagnosis include growth retardation, central nervous system involvement, and facial dysmorphology. In addition to congenital malformations, children often have an attention deficit disorder with or without hyperactivity and learning disability. FAS is estimated to occur in between one and two per 1,000 live births, although the frequency of partial expressions of the syndrome may be between three and five. Effects range from mild to profound impairment. Results of animal and human studies have prompted the recommendation that women abstain from alcohol during pregnancy. During pregnancy, alcohol consumed by the mother passes rapidly from the maternal circulation to the fetus and assumes approximately the same concentration; fetal alcohol levels fall more slowly than do maternal levels. Alcohol also has been found to reach human milk. Because FAS can be prevented, intensive prevention strategies should be undertaken, since there is no known way to reduce or reverse the effects of alcohol on the fetus once they have occurred. Nutritional evaluation of FAS infants is recommended; poor feeding may be a significant problem. Parent education, early screening of child-bearing age women, and early intervention are recommended as prevention strategies.

In a letter to the New England Journal of Medicine, Halmesmaki, Raivio, and Ylikarkala examine evidence of a possible association between maternal use of alcohol and the development of fetal talipes equinovarous ("clubfoot") in the fetus. Of 43 women followed through pregnancy by an outpatient clinic for pregnant problem drinkers, three gave birth to infants with talipes. The woman in one case drank 70 grams or more of ethanol daily for the first 20 weeks of pregnancy; the woman in a second case drank 56 to 70 grams daily throughout pregnancy; and the woman in a third case drank 42 to 70 grams daily during the first 20 weeks and 28 to 56 grams daily for the remainder of her pregnancy. In the first case, the fetus died of unspecified asphyxia in the 32nd week of pregnancy. The fetus showed bilateral talipes, an abnormally long left finger, and only 2 phalanges on the middle finger. In the second and third cases, pregnancy was uneventful. Both infants showed unilateral or bilateral talipes but were otherwise healthy. These two infants showed no typical signs of fetal alcohol syndrome. The frequency of talipes in this series is significantly higher than normal. The only abnormality common to the three cases was extreme maternal use of alcohol during pregnancy. Data therefore suggest a possible association between maternal alcohol use and fetal clubfoot.

Failure to Thrive and Deprivation Dwarfism. Another area of medical research in the health problems of infants and toddlers is the study of conditions that may stem from neglect or deprivation. Correct diagnosis of organic versus nonorganic or environmental failure to thrive is crucial in the treatment of this condition, for the necessary medical course of action, surgery, or other medical treatment for the former versus social service intervention for the latter, are very different. For the same reason, the underlying cause of dwarfism or abnormal or stunted development must be correctly diagnosed for effective treatment.

These conditions have been the subject of a number of recently reported studies. Oates compares nonorganic failure to thrive with deprivation dwarfism, identifies their clinical differences, and suggests that deprivation dwarfism constitutes a subgroup within the nonorganic failure to thrive syndrome, even though recent reviews have discussed the two problems as if they were the same condition. Oates writes that the majority of children manifesting nonorganic failure to thrive are under 2 years old and that weight loss is their most marked feature, but they are also often withdrawn and apathetic and evidence muscle wasting as well as loss of fat. Catchup growth apparently occurs in the majority of children. In contrast, the documented ages of children with deprivation dwarfism range from 2 to 5 years. Short stature is their most striking feature, and their weight is often in proportion to their height. They steal and hoard food and often have bizarre eating habits. Some researchers believe that growth hormone deficiency may be responsible for the short statures of these children. In some cases, reversible hypopituitarism has been documented It is clear that when the environment improves, an improvement in the growth and development of the child often occurs. Treatment of both conditions is similar and should involve a combination of nutritional rehabilitation for the child, improvement in the child's emotional environment, and long-term support for the mother.

In a study reported by Money, Annecillo, and Kelley, the nature of the abuse-dwarfism syndrome is characterized, and 32 cases of abuse dwarfism are examined. All of the patients were evaluated and followed at the Johns Hopkins Pediatric Endocrine Clinic and its Psychohormonal Unit. Data indicate that arrested growth in stature correlates with arrested growth in intelligence. This correlation suggests the hypothesis that arrested growth in both instances may share a common origin in the hypofunction of hypothalamic releasing hormones and pituitary hormones. The importance of the diagnostic recognition of the syndrome in the clinic and school is emphasized by the authors.

Investigation of the causes and effects of nonorganic or environmental failure to thrive was the purpose of four recent studies. Berkowitz and Sklaren describe this condition to help the physician diagnose and intervene in these cases. Evaluation of the child with failure to thrive consists of a comprehensive history, a thorough physical examination, and appropriate laboratory tests. The authors note that the behavioral characteristics of the infant and mother, as well as the social characteristics of the family, may point to the diagnosis of environmental failure to thrive, and that the physician must maintain an advocacy role for the child, even if community agencies are providing most of the care.

Altemeier, O'Connor, Sherrod, and Vietze's study to investigate the cause of nonorganic failure to thrive (NFT) involved interviews with 274 low-income pregnant women and observation of the women and their infants after delivery. The study was conducted at an inner city hospital providing prenatal, obstetrical, nursery, and pediatric care to low-income families. The predelivery interview solicited responses on factors that have been associated with child maltreatment. After delivery, medical charts of mothers and infants were reviewed for complications of pregnancy, delivery, and postdelivery hospitalization; the infants were observed for growth failure. The characteristics of 15 families with infants who developed NFT were compared with those of 86 selected randomly from the remaining families. Interview results suggest that NFT correlates significantly with aberrant nurture during the mother's childhood and with conflicts between the parents of the infants. Perinatal events correlating significantly with NFT include complications of pregnancy, short gestation, and residual minor problems at discharge from the nursery. These events are thought to predispose to NFT by disturbing the development of the mother-infant relationship.

Bell and Woolston's study was undertaken to ascertain the influence of the degree of malnutrition and the etiology of the failure to thrive (FTT) syndrome on the weight gain response to caloric supplementation. A retrospective study was performed of the factors influencing weight gain in 21 infants with nonorganic failure to thrive and nine infants with organic failure to thrive. The primary factor influencing weight was caloric intake in both groups, but weight gain was also influenced by the nutritional status. Infants with ideal body weight for length for age less than or equal to 80 percent demonstrated a high correlation between weight gain and caloric intake, while infants whose ideal body weight for length for age was greater than 80 percent did not show a statistically significant correlation between these two parameters.

The effects of nonorganic failure to thrive (NFT) were studied by Oates, Peacock, and Forrest in research in which the cases of 39 children who had been admitted to the Royal Alexandra Hospital for Children in Camperdown, New South Wales (Australia) because of physical abuse an average of 5-1/2 years earlier were compared with the cases of 14 children admitted 13 years earlier with NFT. These cases were studied to determine similarities and differences in development. Each child in the study group was matched with a child of the same age, sex, and ethnic group who attended the same school and whose parents were in the same socioeconomic class. Each child was weighed and measured, participated in a structured interview, and underwent psychological testing. The abused children and those with NFT were similar in their language ability and were significantly behind their comparison groups in language development, reading age, and verbal intelligence. The abused children, but not the group who had NFT, were significantly behind their comparison group in general intelligence, interpersonal relations, and self-concept. In contrast to the children with NFT, they were not delayed in social maturity. The authors conclude that specific long-term treatment programs should be available for both abused and NFT children, in addition to assessment and ongoing treatment for their parents.

Koepke and Thyer's report of successful treatment of organic or nonabusive failure to thrive lends insight into the differences between this condition as a pediatric illness and this condition as a sign of family dysfunction. The authors found that nonpunitive behavioral intervention was successful with a 2-year-old girl suffering from severe failure-to-thrive due to the child's damaging feeding behaviors. Behavioral intervention was initiated on the 11th day of hospitalization after unsuccessful attempts to tube-feed. Treatment included social reinforcement (smiling, positive comments, eye contact, and touching) for allowing food to be placed in her mouth, swallowing food, and opening her mouth to show that the food was swallowed. Social reinforcement was withdrawn when negative behaviors (throwing food, refusal to open her mouth, not swallowing food, and self-induced vomiting by oral manipulation) were manifested, and cleanup was delayed for 5 minutes after self-induced vomiting. Mealtimes were followed by story reading. Steady improvement during the last 6 days of the child's hospitalization was followed by continued success over a 7-month monitoring period, during which the child's weight improved and self-induced vomiting ceased.

Another neglect-related condition, starvation, is examined in a case report by Davis, Valdes-Dapena, and Rao, with suggestions for investigations. In the case reported, a 19-month-old girl died weighing eight pounds after a protracted course, having been premature and suffering a stormy perinatal and postnatal period. The authors note that, when there is underlying disease or a condition potentially sufficient in and of itself to result in a "starved child," isolation of the results of potential neglect presents particular difficulties.

Whiplash or the Shaken Baby Syndrome. A study of 20 cases of the shaken baby syndrome treated over a 5-year period at Children's Hospital in Philadelphia was the basis of two articles published in 1984. This study, as reported in the journal Emergency Medicine, found that of the 20 cases reviewed, three children died, and 10 suffered serious sequelae, including motor impairment, visual impairment, and seizures. Many of these infants were initially thought to have meningitis or bacterial sepsis. This initially mistaken diagnosis illustrates the difficulty in identifying whiplash in shaken infants, because its symptoms are variable and victims so young and because of the absence of head trauma despite brain injury. This article and Ludwig and Warman's review of these cases both offer recommendations for accurate diagnosis of this condition and urge emergency room personnel to be alert to the possibility of the shaken baby syndrome to prevent permanent damage.

Nonaccidental Poisoning. Kunkel's article focuses on poisoning as a form of child abuse, provides guidelines for managing chemical abuse problems, and discusses case studies of two siblings, one who died 6 weeks after admission for acetaminophen toxicity, and the other who was removed from the home after he tested positive for phenothiazines and diazepam. A review of data on "accidental" poisoning in children indicates that the age ranges of physically abused children and "accidentally" poisoned children are strikingly similar, with most cases of physical abuse and poisoning occurring in children under age 5. Moreover, data show that among all pediatric accident cases visiting emergency departments, poisoned children constitute significant numbers. The National Safety Council reported that in 1981 an estimated 90,000 children under age 5 received treatment in hospital emergency departments. Reasons for the scarcity of data on chemical abuse of children include physicians' reluctance to "point a finger" at children's caretakers and difficulties or delays in diagnosing the problem. Emergency physicians who suspect intentional poisoning are urged to request immediate separation of the child from the abusive environment through hospital admission. Additionally, they are advised to contact the child's own physician, admit the child to the service of a physician experienced in child abuse matters, and follow State child abuse reporting requirements.

A case report by White, Perry, and Voter describes the use of an anticoagulant to induce illness in a child by a psychologically ill mother. Termed Munchausen syndrome by proxy, an illness is induced in a child so that the parent can vicariously enjoy the care and attention of hospital staff. In this case, which involved an 11-month-old girl, the authors found that her internal bleeding had been caused by warfarin ingestion. The mother was noted to have a dependent relationship with her child and characteristics of those involved in Munchausen by proxy: falsifying information and thwarting medical assessment. In addition, she displayed some of the characteristics found commonly in anticoagulant malingerers. She was depressed, with limited medical knowledge, and had access to warfarin. The mother was admitted for inpatient psychiatric care and the patient was placed with an extended family member. The authors conclude by urging that this form of child abuse be considered in differential diagnoses of hemorrhagic disorders.

Adolescent Abuse. The diagnosis of maltreatment in adolescents involves different considerations than when the victims are infants or young children. This is discussed by Ziefert in a manual produced for the Administration for Children, Youth, and Families of the U.S. Department of Health and Human Services. Written as a continuing education self-study guide for health care professionals, the manual defines adolescent abuse and neglect and discusses identification, assessment, and intervention techniques. The differences between child abuse and neglect and adolescent maltreatement, as well as the extent of adolescent abuse and neglect are highlighted; special issues in adolescent development and family dynamics are examined. Community and health worker attitudes about teenagers and about adolescent abuse and neglect are discussed. A unit on personal awareness of feelings and attitudes about adolescent development includes a self-awareness exercise and highlights possible group discussion of personal recollections and current experiences. Physical and behavioral evidence of abuse, special problems in identifying adolescent abuse and neglect, and the legal aspects of these cases are reviewed. A unit on assessment examines the interrelationship of family, individual, and environmental components in abuse and neglect. Developmental issues for both the individual and the family in families with adolescents are also discussed. Intervention techniques examined include assessing family needs and resources for change, providing appropriate responses, and reviewing possible out-of-home placements. Types of client advocacy and their relationship to changes in the law are also reviewed.

Sexual Abuse. Five articles offer guidance to health professionals for diagnosing child sexual abuse. In their article, Clark and Bingham outline considerations in the diagnosis of sexually abused children and describes play techniques that are useful in eliciting information from children. The kind of information and perceptions held by preschool, school-age, and adolescent victims are described, as are behavorial sequelae which may be seen in victims at various ages. Emphasis is placed on the need to speak in the child's language and to mesh expectations with the child's field of knowledge and abilities. It is noted that the use of dolls may aid the child in describing the sexual abuse and in depicting human interactions and that anatomical drawings can be helpful in investigation and intervention, particularly with male victims who may feel uncomfortable using dolls to explain the incident or describe its perpetrator. Readily available toys, such as puzzles, paper dolls, puppets, and doll houses, are suggested as additional aids to ascertain where the abuse occurred and how it affected the child. Finally, it is noted that art can help children express themselves and reveal the effects of sexual abuse on self-concept and body image.

An information bulletin prepared by Thomas, Rogers, Lloyd, and Sihlangu reviews public health involvement in child sexual abuse intervention, examines the incidence of child sexual abuse, highlights characteristics of children at high risk, and instructs health professionals in the identification and treatment of child sexual abuse. Public health professionals are encouraged to assume a greater role in addressing child sexual abuse in the areas of research, public policy formulation, case identification and management, prevention intervention, program planning, and health care education. Public health agencies are urged to adopt an operational definition of child sexual abuse which encompasses both clinical and legal elements of case identification. The bulletin examines the entrance of child sexual abuse cases into the public health system, coordination of interagency efforts, and medical case management. Practical instruction covers interviewing the child and parents, conducting a physical examination of the child, and developing a treatment plan. Also discussed are the correlation between sexual abuse and the incidence of sexually transmitted diseases, psychosocial considerations in treating child sexual abuse, and legal issues. The bulletin emphasizes the importance of workers exercising sensitivity to client families' cultural and ethnic values in implementing a sexual abuse treatment program.

To identify clinical signals of latent sexual abuse, Hunter, Kilstrom, and Loda conducted a study of cases presented to the University of North Carolina teaching hospital in which 50 children whose initial presentations of medical complaints masked the presence of sexual abuse were compared with 31 overt cases identified by chief complaint. This study focused on both the index child and on "silent" siblings. Analysis showed that a broad variety of symptoms masked the abuse. Although some, such as early adolescent pregnancy and genital symptomatology, might have suggested the diagnosis, unusual physical symptoms, psychosomatic disorders, and behavioral disorders were as frequent. The masked group differed significantly from the more frequently studied overt group, in that a chronic history of sexual abuse was twice as common, and school problems and psychosomatic disorders were three times as frequent. Also, analysis indicated that the alleged abuser in masked cases was often an immediate family member (usually the father) and that male victim were more likely to present in the disguised manner. Both groups of children came from socially high-risk families with frequent reports of physical abuse, neglect, alcholism, drug abuse, prison record, or sexual misuse in other family members. Findings indicate not only that sexual abuse of children is more common than thought, but that particular forms--involving fathers or brothers as assailants and very young and male children as victims--especially tend to go unrecognized. It was concluded that familiarity with typical masked presentations should aid earlier identification of these children.

Jones, Yamauchi, and Lambert report the cases of four sexually abused girls who were found to be infected with trichomonas vaginalis. They discuss clinical features in all four and offer suggestions on diagnosis and treatment. The infestations in the two premenarchal sexually abused girls are apparently the only such cases reported in the English literature. Such infestation is believed to be uncommon in prepubertal girls beyond the first few weeks of life because the vaginal environment, which lacks glycogen and has a relatively high pH, is not considered conducive to the growth of trichomonads. Two of the cases examined here indicate that this infestation may be acquired through sexual abuse. Physicians are urged to consider trichomonad infection as a possibility in a girl of any age who has a purulent vaginal discharge and are advised to order a microscopic examination of a wet preparation of fresh secretions. If the wet preparation is found to be negative, physicians should consider a culture for trichomoniasis. It is noted that the treatment of choice for trichomoniasis, metronidazole, is given either as a single dose or as a 7-day regimen and that followup evaluation should be conducted to determine treatment effectiveness.

DeJong's article discusses the pathogens of these neonatal and sexually transmitted infections in children: gonorrhea, condylomata acuminata, syphilis, trichomoniasis, herpes simplex, and chlomydial infection. A general statement of the problem of sexually transmitted diseases in children notes that the transmission of these diseases from the mother to the fetus produces significant neonatal morbidity and mortality. Prepubertal children are said to be exposed to venereal diseases through sexual abuse. A thorough investigation of the source and mode of transmission is advised in all cases. The discussion of the particular diseases focuses on the specific micro-organisms involved in neonatal and childhood manifestations. For each disease, the characteristics of the micro-organism are described, along with its neonatal transmission and symptoms, neonatal diagnosis and treatment, childhood infections, and possible transmission modes, symptoms, diagnosis, and treatment.

### Reporting Suspected Child Abuse and Neglect

Two studies published in 1985 examined issues associated with the official reporting of suspected child maltreatment to State child protective service agencies by medical professionals.

Saulsbury and Campbell report on a survey of 511 physicians, undertaken in the fall of 1983 to examine several aspects of child abuse reporting in Virginia. The authors' analysis of the survey results revealed that most physicians diagnosed few cases of abuse or neglect. A total of 44 percent of the physicians diagnosed no physical abuse; 59 percent diagnosed no sexual abuse; 54 percent diagnosed no physical neglect; 67 percent diagnosed no emotional abuse; and 64 percent diagnosed no medical neglect. Only two reasons for not reporting cases of child abuse and neglect were cited with any substantial frequency: reluctance to report before suspicions could be confirmed and the physician's belief that he/she could work with the family to resolve the problem.

Hampton and Newberger studied data from the National Study of the Incidence and Severity of Child Abuse and Neglect reflecting case reports received between May 1979 and April 1980 to examine the variables associated with the initial diagnosis of child abuse by hospitals and with the proportion of cases subsequently reported to child protective service agencies. The study was conducted in a stratified random sample of 26 counties in Arizona, California, Georgia, Illinois, Kansas, Missouri, New Hampshire, New York, Ohio, and South Carolina. Data analysis showed that compared to other agencies in the sample, hospitals identified children who were younger, had younger parents, were black, and lived in urban areas. They also identified many more cases of physical abuse than did other agencies, but tended to underreport emotional abuse and neglect. Multivariate analysis revealed four variables having the strongest effect on hospital case reporting: type of abuse, household income, the mother's role in abuse, and race. Disproportionate numbers of unreported cases involved victims of emotional abuse, white families with higher incomes, and mothers as alleged abusers. The data suggest that biases at the point of recognition and reporting are important in determining which cases are channeled into the protective services system for investigation.

## Medical Treatment of Child Abuse and Neglect

### Health Care Delivery

A guide prepared by the University of Pittsburgh (Pennsylvania) Public Health Social Work Program under the auspices of the U.S. Department of Health and Human Services' Division of Maternal and Child Health provides health care professionals in federally sponsored programs with a framework for delivering health care to abused and neglected children and their families. This guide for professionals working in programs supported by the Bureau of Health Care Delivery and Assistance (BHCDA) offers instruction in developing more effective systems for identifying and managing child abuse, neglect, and sexual abuse (CANSA). A summary of general information reviews the history, incidence, and prevalence of CANSA and defines CANSA as outlined in the Federal Child Abuse Prevention and Treatment Act. Instruction in the identification of CANSA provides a theoretical orientation, reviews risk factors for caregivers and children, and lists child and caregiver CANSA indicators as well as child behavioral indicators of CANSA. A discussion of the assessment and management of CANSA focuses on the important aspects in determining the child's previous medical history, steps to be taken in obtaining a current medical history, signs to observe in parent-child interaction and in the physical and dental examination, and essential elements of laboratory studies. Factors that indicate hospitalization is required for the child are listed. The guide also discusses legal aspects of dealing with CANSA, including reporting, court procedures, and civil liabilities pertinent to CANSA cases. Guidelines for staff education cover inservice training and continuing education, new staff orientation, and continuing dialog with other agencies. Guidelines are also provided for community education. Other topics given major consideration are treatment and followup, prevention, program evaluation, and community coordination.

Two articles discuss the nurse's role in health care delivery to the victims of child maltreatment. In Carley's article, nurses are instructed in how to react to, interact with, and help an abused child in their care. They are also told what to expect in the child's behavior at admission and later when the healing process is advanced. They are informed that regardless of the abuse, most children love and need their parents and that the abused patient will ask to see the parents. Nurses are cautioned never to speak badly of the parents, to emphasize the wrongness of the abusive act rather than make moral judgments about the parents, and to listen quietly when and if the child speaks about the abusive incident. They are advised on how to respond to the child if parental visitation is not allowed for a time, and on how to respond to the parents during visitation. Advice on disciplining an abuse victim is included.

McKinnon explains for nursing professionals the role of law enforcement in child maltreatment cases to increase the sensivity of these professions to one another and to facilitate cooperation in the joint medical-social treatment of child abuse and neglect. Based on Michigan law and the experiences of Detroit police, McKinnon details the legal and community mandates for police action in child maltreatment cases and explains law enforcement policy, procedure, and practice in regard to these cases. This author also describes the optimum nursing procedure for interacting with police on the child's behalf and, in conclusion, notes that most progressive police departments now believe that arrest and prosecution are not the best means of dealing with neglectful and abusive parents.

A retrospective study of health care delivery to abused and neglected children and their families by a hospital in Switzerland is reported by Ferrier, Girardet, and Schaller. This study looks back at a hospital's experience with child abuse to see what happened to the children and families involved. In a period of 10 years (1974-1983), 82 children were examined to obtain a followup of 34 children who were less than 10 years of age at the time of their admission for nonaccidental trauma. Thirty-eight percent of these childen were less than 2 years old at the time of abuse, 30 percent were between 2 and 3 years old (68 percent less than 3 years) and 32 percent were between 3 and 10 years old. There was a greater proportion of children of foreign origin than would be expected from the general population of Geneva. At the time of hospital admission, the majority of the parents were legally married and the majority of the children were cared for at home by a parent or relative. The perpetrator in most situations remained unknown; universal denial was the rule and therapeutic treatment of the family was difficult to establish. The general policy of the protective services in Geneva is to maintain the abused child with his or her biological family. Over time, however, there is a tendency for abused children to either be removed from their homes and placed in foster care or to receive stricter supervision within their families. A large proportion of the children studied were experiencing school difficulties and attended special classes. A relatively large number had left the country, either with or without their parents. Risk factors were identified as social isolation experienced by families of foreign workers, intrafamilial violence, violence experienced by parents during their own childhood, postnatal separation of the infant or child from the mother, unemployment, and drug or alcohol addiction. These factors appeared to be more potent risk factors than prematurity and early mother-infant separation.

## Treatment Issues

Handicapped Newborns--"Baby Doe". The appropriate course of medical treatment for infants born severely handicapped has become an intensely debated issue both inside and outside the medical community. Public policy responses and general research into the considerations surrounding the treatment of these so-called "Baby Doe" cases were discussed in the first chapter of this Review. However, the two articles reviewed here discuss this issue primarily from a medical perspective and therefore should be of particular interest to medical professionals involved in these cases.

An article by Johnson, Thompson, Aroskar, and Cranford outlines one community's infant-advocacy process as an alternative to the Federal Government's "Baby Doe" rule, which prohibits discrimination against handicapped newborns. This multistep process, devised by the Twin Cities Committee for Neonatal Life Support Policy (Minneapolis-St. Paul, Minnesota), attempts to optimize individual patient care and provide public accountability. The process has four integral parts. The first step involves stating six ethical propositions on which to base decisions about handicapped and critically ill infants. The second step gives five decisionmaking principles that outline physician and parent obligations to ensure that decisions are made only after careful thought. The third step calls for appropriate consultation by an ethics committee on each newborn intensive care unit. The fourth step involves continuation of the network begun by the committee. The committee's makeup will be expanded to include members from the general public as well as health care professionals. A final question concerning this advocacy process is whether it, or any other locally devised process, will provide the degree of accountability desired by the Federal Government and the public. The Twin Cities advocacy process has been implemented in the three newborn intensive care units in the Minneapolis-St. Paul metropolitan area.

Gross' 1985 article in the New England Journal of Medicine concerned issues involved in medical decisionmaking, management, and outcome of infants with myelodysplasia (spina bifida). An examination of studies by Charney and McLaughlin looks at results of the management of 322 affected infants, most of whom received early intervention and survived. Study data (1965-1985) indicate that of 70 infants not receiving surgical intervention, most died. However, under new child abuse legislation, most of these 70 infants would have received early surgical intervention. After a discussion of the criteria for medical decisionmaking as required by the 1984 Federal law, Gross notes that a British study conducted by McAndrew found that young adults with spina bifida did more poorly as a group than did a group of young adults with cerebral palsy in attaining life-coping skills. This study concluded that the young adult's ability to cope depended more on the existence (or lack of) environmental support systems than on the severity of his or her handicaps. The author urges that environmental as well as physical factors be considered in making long-term medical treatment decisions and concludes that an open discussion of all factors involved in long-term prognosis is essential for an adequate decisionmaking process.

Child Abuse by Siblings. The treatment of child abuse cases in which the perpetrator was a sibling is discussed in Green's article. The case histories of five children who inflicted serious injuries on their younger siblings are described, and similarities are analyzed. The children shared several experiences. They had been physically abused themselves, their families were undergoing crises accentuating their maternal deprivation and rejection, and they were burdened with excessive caretaking for the target sibling, who was perceived as the favorite. They also had experienced the intensification of "normal" sibling rivalry due to the abuser's own maltreatment and deprivation. The study found that pent up rage toward the mother was displaced onto the sibling rival. The sibling attacks were adaptive for the abusers, because the attacks afforded them a measure of revenge against the more highly regarded sibling rival, served as an outlet for rage directed toward the mother, were used as an attention-getting device, provided a sense of mastery over the trauma of their own abuse, and were used to "educate" the abusing parent. The study concluded that because an abusing child usually has been abused, deprived, exploited, or rejected, the child cannot be helped without treating the family unit.

## Prevention

While much of what has been discussed in terms of the identification and treatment of child abuse and neglect has implications for medical professionals involved in child maltreatment prevention activities, one aspect of child maltreatment prevention raised in a series of articles collected by Azarnoff and Lindquist has particular implications for the medical community. This series examines factors in and solutions to psychological child abuse in health care settings, with an emphasis on the importance of psychosocial elements in illness and medical treatment, and in doing so demonstrates how health care providers can prevent emotional abuse inflicted in the process of delivering medical services to children.

Lindquist and Azarnoff introduce their collection with advice to health care practitioners to become sensitized to the importance of assessing children's abilities to understand treatment experiences in a hospital or other health care setting. It is suggested that because children lack a clear understanding of illness, they must rely on adults to provide special and thoughtful understanding of their experiences. The interpersonal skills of staff and hospital procedures and policies can contribute to or detract from the child's abilities to cope with the experience of illness and its treatment. It is emphasized that health care professionals have a responsibility to provide quality emotional care for sick or injured children and that failure to provide such care constitutes a form of psychological abuse. The article concludes that parents are coming to expect, and physicians have a responsibility to provide, approaches to child treatment that take into account the child's age, previous medical experiences, and the effects of environment on the child's emotional development and well-being.

In the next article, Lindquist delineates abusive medical experiences and ways to reduce psychological abuse of children. It is noted that children experience an orderly progression of stages in dealing with anxiety about bodily safety. "Magical thinking," a combination of bonding and infantile realism, constitutes young children's primary strategy for mastering bodily concerns. As children grow, magical thinking becomes related to punishment. Children may perceive the pain associated with illness as a consequence of having been bad, or they view the physician as being bad. As children become older, they develop more logical forms of coping. However, during chronic illness, children may revert to magical thinking because it represents a safer level of thought. Because dealing with anxieties about bodily finiteness is a major developmental task, medical care that interferes with this task is psychologically abusive. Such abuse occurs when children are overstimulated by the medical setting; subjected to prolonged fear; unnecessarily separated from parents; deprived of information, or inadequately prepared to deal with the sequelae of treatment, such as hallucinations associated with reactions to medication or anesthetics. To reduce children's perceptions of abuse, health practitioners are urged to use empathy and reciprocity, which protect children's cognitive and social competence and sense of bodily integrity in their interactions with children.

Collins provides guidelines for pediatricians to help them provide quality psychosocial care and to enhance their communication with patients and parents. Physicians with an understanding of the patient's community (including family, school, neighborhood, and the medical community) can use this information for their diagnostic and therapeutic decisions. The article suggests that in communicating with parents, pediatricians should listen for both problems and expectations. Judgmental comments should be avoided, and the tempo of the communication should be matched to that of the listener (parent or patient). It instructs pediatricians communicating with children to reduce children's anxieties about health care encounters. This can be accomplished by explaining medical procedures in age-appropriate vocabulary and syntax and encouraging the children's active participation. For younger children, parental participation in the process also should be encouraged. Physicians are advised to end visits with anticipatory guidance, information, and reassurance. Pediatricians with adolescent patients are advised to conduct interviews with the patient alone. In all cases, physicians are advised to obtain their patient's assent to treatment.

Bolig discusses barriers to play in hospital settings and delineates the essential conditions of adequate hospital play programs. The author maintains that many hospitals exhibit antiplay attitudes associated with conceptions of the "sick" role, the emphasis on treatment rather than prevention, medical specialization, and regimentation and hospital routine. This unwillingness to change priorities and procedures so that play can contribute to health and management of illness can be perceived as emotionally abusive. Planned, daily programs can provide activities that promote intellectual, social, emotional, and physical development of children. The author suggests use of a play specialist, trained caregivers, adequate child-staff ratio, and activities allowing parent participation. The equipment, setting, and activities should advance general knowledge about the environment, promote self-mastery, meet needs to cope with separation, increase knowledge about hospitalization, help distinguish between internal and external threats and fears, and promote interaction with other children and adults.

Petrillo and Azarnoff present guidelines for age-appropriate hospital preparation programs for children and adolescents. For toddlers, the minimum level of emotional care recommended includes provision of parental presence, play opportunities, and carefully worded explanations of treatment events. A consistent treatment staff, rooming-in or regular parent visits, and the use of visual aids to increase understanding of the body and illness are recommended for preschoolers. These children also need much reassurance, explanations of medical procedures, and opportunities for therapeutic play. For children between the ages of 6 and 12, hospitals are told to provide consistent schedules and routine; frequent parent visitation; participation in treatment planning; encouragement of self-care; and interaction with staff, peers, and other patients. Guidelines for adolescents include participation in treatment, an atmosphere of privacy and confidentiality, and interaction with and support from peers. It is noted that children particularly at risk of psychological abuse during hospitalization include those under age 6, those previously hospitalized or with previous emotional disturbances, those with handicaps (sensory impairment, mental retardation, learning disabilities), abused or neglected children, and children from cultural groups different from the hospital staff. Finally, planned preparation for examinations, tests, treatments, surgery, and discharge is emphasized as essential for children of all ages and conditions.

Simmons' article discusses the importance of parental access for the hospitalized child, barriers to access, and the reality of hospital practice in Australia and the United States. It notes that while the effects of parental separation on the vulnerable, hospitalized child are well-documented, they are frequently ignored. A study of 900 hospitals in the United States found that 77 percent of the hospitals wanted parents to fulfill parenting functions and to provide emotional support; yet, 29 percent did not allow access during tests and procedures, 81 percent did not allow access in the recovery room, and 89 percent did not permit access during anesthesia induction. A similar contradiction between what hospitals say and do exists in Australia. Factors which contribute to this situation are described as medical specialization, bureaucratization, interprofessional politics, and emotional defenses that allow parents and staff to deny or reinterpret the situation. The Australian Association for the Welfare of Children in Hospitals has been active in advocating parental access during stressful medical procedures and has developed standards for pediatric hospital accreditation. The article emphasizes that denial of access to parental support is a form of emotional child abuse and that parents must be included in pediatric treatment programs.

The final article in this series, by Pennock, was reviewed earlier in this chapter with emphasis on its discussion of the need for cultural sensitivity in the diagnosis and treatment of child abuse and neglect. Together, all of these articles provide a guide for health professionals who are interested in protecting children from mental and emotional abuse as pediatric patients.

# Chapter VII: Bibliography

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## CHAPTER VIII

## PUBLICATIONS FOR PARENTS AND CHILDREN

Publications reviewed in this chapter represent what has been learned about child protection for the audience truly on the "front lines" in the fight against child maltreatment--families. These books, pamphlets, articles, and other publications received by the Clearinghouse on Child Abuse and Neglect Information in 1985, reflect the understanding that the prevention of child abuse and neglect must begin at home. Although they are not research studies in the academic sense, these publications are included in this Review because they represent the knowledge gained in research into the identification, treatment, and especially prevention of child abuse and neglect. The publications for parents present the ways in which parents can cope with the stresses and concerns of parenthood, including the protection of their children from assault, abduction, sexual molestation, and other abuse. Self-protection is the theme of the publications prepared for children, including those written to urge maltreatment victims to seek help and those written to teach all children to protect themselves against assault.

### For Parents

Sparling and Lewis report their synthesis of 15 research studies into the information needs of parents on child development. Among the studies they discuss is a national survey which found that parents of young children are most likely to read material on three specific topics: building a child's confidence, what to do when caring for a sick child, and preparing one's child for learning. They also found that parents of children under 3 were interested in materials to help them develop their child's full potential, finding more private time, and locating quality child care.

### Parenting Information

Some of these information needs are filled by publications such as the guidelines suggested by Salus, Dodge, and Gardner for coping with the problems of rearing children. In this booklet, the role of discipline in child rearing is explained as presenting limits that protect children as they learn. Development is identified as the key to understanding the child's needs at each age; typical behaviors for each developmental stage are noted as the triggers for some negative parental reactions. For each of the key stages--birth to 18 months, 18 months to 3 years, 3 to 5 years, 6 to 12 years, and 12 to 18 years--parental reactions that are ineffective are compared to more effective measures. General principles for disciplining children at any age are suggested. Tension is acknowledged as a natural result of the pressures of parenthood, and ways to relieve tension are listed. Special advice is provided for single and working parents. A checklist to help parents decide to seek help is offered, along with suggestions for sources of help.

Arent's guide for parents explains sources of stress for children and adolescents, and outlines strategies for helping children deal with the normal challenges of growing up as well as traumatic changes in their lives. Part 1 focuses on the management of these stress sources. Part 2 addresses nontraumatic sources of stress, such as those inherent in different developmental stages. It describes stresses resulting from a family's lifestyle, the chil position in the family, and personal problems (such as chronic illness). Chronic stress at home is examined, with attention given to living with an alcoholic parent, a handicapped family member, or with a multigenerational family. Also considered are two major outside sources of stress--television and school. Social problems that create family stress are noted: money, alternative lifestyles, and anxieties about the future. Part 3 looks at traumatic sources of stress, such as divorce, death of a family member, and family violence. It discusses the effect of family violence on the individu child, profiles battering parents, and lists physical and behavioral indicator of physical and sexual abuse. Part 4 presents examples of children's unsuccessful coping styles--habitual lying or stealing, suicide attempts, and dru abuse--and appropriate strategies for parents to counter these activities. A discussion about family therapy and family resources concludes the book.

Coping with anger is the subject of a parenting manual by Barrish and Barrish. Written for parents and based on the principles of behavior therapy and rational emotive therapy, this manual describes how anger interferes with successful parenting and explains how to discipline children without anger. Parental anger is discussed as a chosen reaction to children's inevitable misbehavior rather than as a necessary emotion. Alternatives to angry reactions are presented, with emphasis on parents' rights to disapprove of behavior wit out using anger to express that disapproval. Unhelpful and helpful statement that parents can make to themselves when their babies or children misbehave are listed. The importance of stopping, thinking, and then acting in anger-provo ing situations is emphasized. Methods of identifying specific helpful and hurtful thoughts and disciplinary strategies and of using alternative parental behaviors and discipline strategies are outlined. Methods of helping the spouse and children manage anger better are also given.

Child care tips for working parents are provided in a booklet from the Channing L. Bete Company, Incorporated, in which ways in which parents can create a safe, secure environment for their children who are at home alone part of the day ("latchkey children") are suggested. Parents are urged to establish house rules for their children to follow in their absence and to wo with their children in setting up an after-school schedule of homework, chores and leisure activities. They should teach their children practical skills, such as using household appliances safely, and set up emergency plans so that children can feel secure and deal with problems that may arise. Community involvement to promote day care and other child protective programs is emphasize

## Child Protection: Teaching Safety

Written for parents and guardians, Hyatt's booklet tells parents how to teach their children to protect themselves against abduction, physical and sexual abuse, fire, and poisoning. It also instructs parents in what to do if their child is missing or if they suspect their child has been abused. The problems of abduction and abuse and the characteristics of pedophiles are described. A discussion of prevention methods covers the importance of talkin with the child, the need for teaching the child safe use of the telephone, the importance of keeping a schedule, the use of regular and established routes, the safety afforded children being in pairs or groups, and the use of passwords

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not seem appropriate to the child's age, or reluctance to visit or spend time with a particular friend, relative, or other person. The final checklist describes appropriate and helpful parental responses to child sexual abuse. These responses stress the importance of providing calm reassurance; ensuring the child's immediate safety; obtaining medical, emotional, and legal help; and following familiar routines.

Hart-Rossi of Planned Parenthood of Snohomish County, Washington, has prepared a guide for parents to be used in conjunction with a book for children to foster family efforts to prevent sexual abuse. This guide for parents that accompanies the book "It's My Body," tells parents how to prevent the likelihood of their children being sexually abused. It outlines family activities to develop skills in children for appropriately handling potentially abusive situations. Chapter 1 defines sexual abuse and discusses characteristics of sexual abuse offenders. It advises parents on what to do if they suspect abuse. Chapter 2 provides activities to help parents become familiar with anatomical words for body parts and with the use of the touch continuum (a tool for indicating to children which parts of their body may be touched by adults and which may not be). Guided reading for "It's My Body" by Lory Freeman constitues Chapter 3. Chapter 4 presents a variety of simple ways to build a child's self-esteem, discusses practice of a "Touching Code," and covers ways to foster a child's decisionmaking ability and willingness to discuss feelings.

## If Your Child is A Victim: Coping with Sexual Abuse

Spelman's pamphlet for parents and for adults who were sexually abused as children uses a question-and-answer format to present information on aspects of the child sexual abuse problem. It addresses common patterns of child sexual abuse and its incidence, and it describes offenders, occurrence patterns, therapeutic responses to victims, victim responses to abuse, and identification of potential offenders. The pamphlet provides advice on how to talk with children about sexual abuse and presents the information children should have if their vulnerability to sexual abuse is to be reduced. It also advises parents on how to evaluate child care centers, babysitters, and other persons who may care for their children. The physical and behavioral signs manifested by a sexual abuse victim are listed, and parents are informed of what to do if a child has been sexually abused. Finally, the pamphlet provides information to adults who were sexually abused as children.

MacFarlane's booklet for parents and caretakers of preschool children who have been victims of nonincestuous sexual abuse provides advice on steps to take following disclosure of abuse, physical indicators and behavioral changes to expect in their child, and correct responses to the child. Parents are also advised on handling their own feelings about the incident. The booklet explains that while children's reactions vary, common reactions include fear, guilt, anger, anxiety, and self-blame. Medical indicators may include pain in the genital area, blood or discharge from the vagina or anus, and medical problems associated with anxiety, such as headache or stomach pains. In responding to the abused child, parents are urged to place emphasis on lessening the child's anxiety and removing guilt. The booklet advises that the child should be encouraged to talk about the experience, but that parents should not pry. Longterm effects, it is explained, will depend on such factors as the nature of the abuse, the relationship between the child and the abuser, the process of intervention, and the reaction of others. Therapy is suggested to help the child work through the confusing feelings engendered by the abuse.

## For Children

### Child Abuse and Neglect, Generally

Six booklets prepared and published by Childhelp U.S.A. illustrate the variety of maltreatment topics in publications for children. Child Abuse and You is a public information brochure providing basic information on what constitutes child abuse, child neglect, emotional abuse or deprivation, and child sexual abuse. In addition, readers are instructed in why and how to report abuse, whom to contact, what information to provide authorities, and what will occur once the report is made. Information on becoming involved in community abuse prevention and detection programs is also given.

In I Wasn't Too Young at 16, a married 16-year-old mother describes her experience of trying to care for her infant; she resorts to abuse and neglect because of frustration, immaturity, and lack of parenting skills. At the conclusion of her story, the narrator urges readers who feel overwhelmed with parenting responsibilities to call their local child protective services agency or the toll-free national hotline for help. That same advice, to call a toll-free national hotline for sources of assistance, concludes the remaining Childhelp U.S.A. publications which use narrative examples to discuss incest, physical abuse, neglect, and sexual abuse from the victim's viewpoint.

The Auxiliary to the Muscogee County Medical Society of Columbus, Georgia, has also prepared an informational booklet on child abuse for children. The purpose of this activity booklet is to urge children to tell a responsible adult if and when they are ever abused in any way. Through pictures, brief stories, fill-in-the-blank activities, and puzzles, the child is provided with information about feelings, personal safety practices, and help-seeking from parents, teachers, police, and other trusted adults. An attached letter to parents provides instructions for using the booklet with the child. Suggested questions for each page of the booklet are designed to make the child think about the people and agencies that can be contacted when help is needed.

### Sexual Abuse

A total of 10 new publications have been prepared to directly instruct children on how to avoid becoming a victim of sexual abuse and what to do if so victimized. These publications for young children include Freeman's booklet in story format with drawings to teach preschool children how to resist harmful or uncomfortable touch, such as tickling, wrestling, kissing, or more serious assault; Amerson's coloring book that emphasizes the importance of reporting abuse to a trusted adult; Amstutz's pamphlet that uses a line-drawn figure, "Touch-Me Not," to advise children against being "touched" by others, Salicrup's comic book that is intended to help children identify situations in which they may be forced or tricked into becoming victims of sexual abuse, and Gordon and Gordon's read-aloud book, designed to present children ages 3 to 9 with essential information about sexual assault.

Publications for older children include Tiernan's booklet for children which presents important facts about sexual abuse and incest and discusses feelings children may have about such incidents. It emphasizes that abuse is never the victim's fault and that sexual abuse is not love. Similarly, Berry's book is designed to help children recognize sexual abuse and resist the overtures of potential sexual abusers.

Illustrated with many vignettes of case studies, Hyde's book explains how children and young adults can protect themselves from sexual abuse, where they can turn for help, the kinds of help available, and how to increase public awareness of the problem. Prevention strategies described include playing the "What if?" game to learn how to avoid potentially dangerous situations and teaching children about appropriate and inappropriate touching. A discussion of child abusers considers pedophiles, public misconceptions of abusers, and incestuous relationships. A profile of Binny, an abuse victim, illustrates how children perceive sexual abuse, fear hurting the offender (who may be a relative or family friend), and learn to seek help. The importance of reporting sexual abuse is emphasized. Examples of how children might confide in friends, parents, or educators are provided, and dealing with legal and social services agencies or advocacy organizations is discussed. An example of an abuse hotline's approach for helping victims and abusers is given.

Another booklet for older children and adolescents, Reife's fictional story describes the inner turmoil of Kelly, a young adolescent who is sexually abused by her stepfather while her mother recuperates from an accident in the hospital. After Kelly discloses the incest to a teacher and it is reported, Kelly's stepfather is required to leave the home until he agrees to a specific treatment plan and until Kelly wants to see him. Kelly and her family receive help from a member of the local child protection service incest unit and a self-help organizaton, Parents United and its offshoot, Daughters and Sons United. The story emphasizes Kelly's reaction to her stepfather's assault; her feeling of disgust, shame, and guilt; the changes in her behavior; and the supportive response she receives from her teacher. Drawings complement the text. The national telephone number of Parents United (1-408-299-2475) and additional resources are listed.

While the publications for children on sexual abuse mentioned above have primarily focused on prevention through awareness, Drake and Nelson's booklet for girls who have been sexually abused provides information on sexual abuse, how to overcome feelings engendered by the abuse, and the benefits of counseling. The booklet describes reasons why men use children for sex (they are lonely, feel unimportant, or have a need to control others) and sexually abused girls' concerns about their bodies (fear of pregnancy, for example). Also explained are the roles of various professionals (police, investigators, State attorneys) in the investigation of sexual abuse cases. The benefits of revealing the sexual abuse are detailed--reporting stops the abuse, enables victims and abusers to get help, and may prevent the abuse of other children. The benefits of counseling are also noted. In addition to helping families understand sexual abuse and handle the accompanying stress, counseling can help victims better understand their feelings about the abuse, about themselves, and about their families.

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# CHAPTER IX

# ONGOING CHILD ABUSE AND NEGLECT RESEARCH

The efforts of concerned professionals to understand the many aspects of child maltreatment continue with ongoing research into questions of its definition, incidence, causes or dynamics, prevention, treatment, and effects. Reviewed in this chapter will be research projects and demonstration programs in progress during 1985. Many of these projects and programs will become the bases of research reports discussed in future Reviews.

This sketch of these efforts is intended to provide insight into the direction child maltreatment research will be taking by highlighting the areas of concern presently being examined. Most child abuse and neglect research is federally funded through the National Center on Child Abuse and Neglect (NCCAN) and for that reason those programs and projects financed through NCCAN discretionary grants are reviewed first. Review of other research studies, whether independently, privately, or otherwise funded through State governments or other Federal agencies, follows that review.

The focus of this chapter is on the future, and in this way this chapter is a fitting conclusion for the preceding chapters, which discussed past research. For this reason, and because these efforts are in-progress, standard bibliographic reference is not applicable. For further information beyond that provided in the text, please refer to the Clearinghouse on Child Abuse and Neglect Information's Grant Profiles, Fiscal Year 1985 for NCCAN-sponsored projects. For more information concerning non-NCCAN funded programs, please contact the Clearinghouse, where abstracts of these programs are contained in the data base research file.

## Research Funded Through NCCAN Discretionary Grants

This overview of projects financed through NCCAN discretionary grants categorizes these grants primarily under the priority area under which they were awarded. The reader should note, however, that two types of discretionary grant awards were made by NCCAN in fiscal year 1985; those awarded under the 1985 Coordinated Discretionary Funds Program as announced in the August 23, 1984, Federal Register, as well as those awarded under the Discretionary Grant Program as announced in the June 21, 1985, Federal Register, and those awarded only to applicant State agencies under the State Discretionary Grants Program. Although both types of grants are discussed, State grants were not awarded by priority area.

### Incidence and Prevalence

Much of what is known about the incidence and prevalence of child maltreatment in the United States is based on the American Humane Association's National Study on Child Neglect and Abuse Reporting that for many years has collected and analyzed statistical and demographic information from child maltreatment reports received by State child protective service (CPS) agencies. This effort will continue in 1986 with the processing of 1984 reporting data.

Another incidence study, the Analysis of Child Homicide in Cook County, Illinois, will analyze the characteristics of the estimated 600 child homicide deaths in that area between 1976 and 1982. This analysis is primarily directe toward uncovering factors contributing to the failure of child welfare servic and has important implications for prevention and treatment.

## Child Sexual Abuse

Approximately two-thirds of the programs receiving NCCAN grants in 1985 are aimed at combating child sexual abuse through public awareness, professional training, coordination of resources and services, education, and research into the effects, treatment, and prevention of this form of child abuse.

Public Awareness Programs. Ten programs have been funded to develop materials and resources to enhance the awareness of parents and professionals of the problem of child sexual abuse. These programs include the Haitian Parent Awareness Project, that will develop culturally sensitive audiovisual materials for the Haitian community in Miami, Florida; the Girls Club of America Kid-Ability Self-Protection Program, that will replicate a school-based awareness project initiated in Nebraska; the Speak Out, Speak Up campaign of Jackson, Mississippi, that will utilize strict theatre presentations and a promotional campaign for public education; and the New York State Health Department's Health Education Promotion Services Group and Health Research Incorporated's statewide muiltimedia campaign. Similar types of public awareness projects are planned in Minneapolis, Minnesota; East Lansing, Michigan; Tsaile, Arizona (for Native Americans); the Bronx, New York (for the black and Hispanic communities); Renton, Washington (for Asian-Americans); and Kalispell, Montana. In addition to these projects, the California Department of Social Services has received a State grant to develop pamphlets in both English and Spanish to inform parents about child sexual exploitation. Also, the Maryland Department of Human Resources has received a State grant to purchase the most recent and comprehensive child sexual abuse awareness information available for distribution to children, families, and professionals throughout the State.

Professional Training. A total of 18 newly funded projects, including those financed through NCCAN State grants, are designed to educate professionals in the identification and/or prevention of child sexual abuse. These training programs may be multidisciplinary in scope, as is the Oklahoma State Department of Health's proposed comprehensive model continuing education program for nurses, physicians, psychologists, and social workers, or limited to a particular professional audience, such as North Carolina's Department of Human Resources program to train mental health professionals to interpret children's responses while playing with anatomically correct dolls. Other multidisciplinary training projects have been funded by State grants to the State social service agencies of Georgia, Kansas, North Dakota, and Utah.

Grants to develop training curriculums in child sexual abuse for targeted professional categories include those to the American Association for Protecting Children, a division of the American Humane Association, and to the National Council of Juvenile and Family Court Judges for curriculum development for social workers, judges, and court personnel. Specialized training for expert witnesses in sexual abuse cases on videotaped testimony will be funded under a State grant to the Oklahoma Department of Human Services. Other discretionary grants to train or develop materials for legal professionals include those to the Association of Family and Conciliation Courts to develop materials for domestic and/or family court personnel for handling sexual abuse allegations in custody disputes and to the National District Attorneys Association to develop training modules for prosecutors. Tribal court judges and allied legal professionals are targeted professionals for a training curriculum to be developed by the American Indian Law Center, Incorporated; the development of an investigative team and training curriculum to sexual abuse treatment providers and tribal judges and police is also an objective of a project created by a State grant to the South Dakota Department of Social Services.

State grants to the State social service departments of Illinois, New Mexico, and Pennsylvania include funding for projects to train social workers or other child welfare professionals to handle child sexual abuse cases. Specialized training for foster parents to improve their ability to identify or care for sexual abuse victims will also be provided through State grants to Montana and Michigan social service agencies.

Coordination of Resources and Services. Ways to coordinate child protective services (CPS), law enforcement, and the justice system in the handling of sexual abuse cases will be investigated by 16 projects in 1986, including five such programs financed through grants to State social service departments. Some of the methods proposed to enhance interagency and professional coordination include the production of training materials to disseminate a comprehensive model for case management to be developed by Children's Institute International; the formation through the C. Henry Kempe National Center of a regional, multidisciplinary team to coordinate handling of child sexual abuse cases in the Rocky Mountain area; the development of a specially trained unit in the Pierce County, Washington, Prosecuting Attorney's Office; the use of a centralized interagency team approach to streamline agency/victim contact and formulate effective interagency policy through the Madison County, Alabama, District Attorney; and the development through the University of California School of Social Work of an interagency information management system to enhance emergency response capabilities and reduce delays in intervention. Similar projects through the Denver Department of Social Services, the Department of Social and Health Services, Division of Children and Family Services in Olympia, Washington; the South Carolina Department of Social Services, Children and Families Services Division; the Police Foundation; the Berkshire Area (Massachusetts) Health Education Council; and the Victim/Witness Assistance Unit in St. Louis, will be financed through the 1985 Coordinated Discretionary Fund Program. Projects to enhance interagency coordination have also been financed through the State Discretionary Grant Program to State agencies in New Hampshire, Louisiana, Delaware, Mississippi, and Virginia.

Education for Prevention. Discretionary grants to encourage the prevention of child sexual abuse through the education of children in self-protection were awarded under two priority areas. In one priority area, a project that will develop age appropriate materials and methods of presentation of information to preschool children, their parents, or teachers is sponsored by the University of California School of Social Welfare and will draw upon existing child abuse prevention training programs to analyze a range of existing educational models and techniques at 10 program sites. The development of materials geared to an adolescent audience as well as their parents and interested professionals will be undertaken by Parents Anonymous of Delaware. Also for teenagers is a videotape addressing adolescent sexual abuse issues to be developed, tested, completed, and presented by Howard University's Institute for Urban Affairs and Research.

Seventeen projects are funded under the second priority area to provide teachers or other staff in kindergarten and elementary schools, junior high, and high schools with training on child sexual abuse and molestation prevention using existing materials. Education for school-aged children projects includ a program that will use a nationally accepted and approved puppet program as focal point of its prevention efforts for public elementary students in Broward County, Florida; two projects that will target educators and children of the Hispanic communities in Oakland, California, and Philadelphia, Pennsylvania; a teacher training project and permanent child sexual abuse curriculum for nine rural Alaskan village schools; Gallaudet College's project for hearing impaired schoolchildren; project GOOD TOUCH sponsored by Child Abuse Prevention Servic, Incorporated, for the 135 school districts of Long Island; and the Texas Migrant Council's project to teach migrant children in Head Start and their teachers about sexual abuse prevention. Other such programs will be sponsore by organizations in Seattle; Oklahoma City; Santa Cruz, California; San Diego; Lansing, Michigan; Gresham, Oregon; Postage, Wisconsin; Rock Hill, South Carolina; Austin, Texas; and Providence, Rhode Island.

Effects of Sexual Abuse on Children and Their Families. Research to study the impact of child sexual abuse upon victims and their families will be sponsored under grants awarded for the assessment of the impact upon the child and under grants awarded for the study of the effects of disclosure on intervention and on the family. Child impact study awards were made to the Psychology Department of the University of California for a longitudinal study to assess the manifestations of sexual abuse of preschool children at crucial stages of development; a follow-up study of approximately 90 children who experienced sexual abuse at a day care center in East Lansing, Michigan; the Taylor Institute's study of 200 adult survivors and 250 child sexual abuse victims; and the East Virginia Medical Authority's sampling of 200 victims of various ages to assess the impact of incestuous sexual abuse. Under disclosure and intervention awards, the University of Washington will collect information from 400 survivors of sexual assault concerning the effects of disclosures and intervention, Children's Hospital of Boston will study 240 victimized children in a longitudinal examination to understand this impact on child behavior and family cohesion, and the Madison County (Alabama) District Attorney will study an experimental group of children treated through a multidisciplinary team over a 1-year period.

Treatment. Two studies financed under the discretionary grant program will assess the impact of therapeutic approaches to treatment of child sexual abuse and ways to improve delivery of therapeutic services. These studies will be conducted by the University of Colorado and the Massachusetts Department of Social Services.

The development or improvement of treatment services for sexual abuse victims will also be the objective of projects funded under State grants to the State social service agencies of Arkansas, New York, Florida, Tennessee, Vermont, and Wyoming.

Other Approaches to Prevention and/or Treatment. Three States will use their State discretionary grant program funds to investigate other approaches to the prevention and/or treatment of child sexual abuse. Idaho plans to establish a fully automated electronic information system to document and retrieve prior complaints. Minnesota intends to develop a program mechanism for early intervention with adolescents at high risk of becoming sexual offenders. Oregon will use a multidisciplinary approach to prevent further increases in juvenile perpetrated child sexual abuse.

### Maltreatment in Out-of-Home Care

The University of New Hampshire's project to develop and disseminate knowledge about the sexual abuse of children in center-based day care illustrates the overlap between programs funded to combat child sexual abuse and those aimed at the study of maltreatment in out-of-home day care settings.

Four additional discretionary grants have been awarded for fiscal year 1985 for research in this area in recognition of increased allegations of abuse of children in congregate child care settings. National guidelines for the reporting and investigating of child sexual assaults in out-of-home care are to be developed and implemented by the National Association of State Directors of Law Enforcement Training. The Colorado Department of Social Services will develop the means to both investigate allegations of such abuse and assist centers with training and screening to counter maltreatment in day care. Kentucky's Department of Social Services, Cabinet for Human Resources, will foster a collaborative effort among State social service, law enforcement, legal, and mental health agencies to develop and disseminate a protocol for investigation of allegations of abuse in day care facilities. The Judge Baker Guidance Center in Boston will develop a regional interdisciplinary strategy aimed at restructuring child welfare and legal systems to account for abuse in out-of-home child care settings.

This variety of approaches to dealing with the problem of child maltreatment in out-of-home day care is also seen in the dozen State grant-funded projects concerned with the development of methods to identify, foster reporting of, improve investigation of, and prevent maltreatment in these settings. State grants for these purposes were awarded to appropriate State agencies in Arizona, the Commonwealth of the Northern Mariana Islands, Connecticut, Indiana, Hawaii, Kentucky, Maine, Massachusetts, Nebraska, New Jersey, Ohio, South Carolina, Texas, and West Virginia. Among the methods that may be funded are systems for checking the background and criminal records of day care employees.

One discretionary grant program aimed at risk reduction of child abuse in out-of-home care merits attention for its broad scope. The Texas Department of Human Resources proposes to take the lead among a consortium of the human service agencies of Michigan, California, Pennsylvania, West Virginia, and New York City to synthesize and make generic recent programs for coordinating agency, parental, and community action in reporting and handling abuse in out-of-home care cases.

### Neglect and Maltreatment Generally

Ten projects aimed at the prevention and/or treatment of neglect, including the failure to provide adequate shelter, nourishment, medical care, education, and supervision have been funded through the discretionary grant program. The approaches to this task include Project HOPE (Home Oriented Parent Education), that will utilize volunteer parent aides in a project for teen parents; Carefare, a Thomas County (Georgia) statewide parenting skills training program for social service workers; the University of Washington's social support intervention project to prevent neglect of children with developmental delays or disabilities; the American Samoa/Pacific Islander parent aide and community education neglect prevention project; the Nurturing Program for Parents and Children in seven Utah counties; the NEXT DOOR child care resources referral project in Fairfax, Virginia; the Illinois Department of Children and Family Services' model project to provide services to alcohol abusive, neglectful parents; the Puerto Rico Department of Social Services' model program to improve treatment services to neglectful families; the project of the Family Resource Center of Altadena, California, to provide neglect prevention services through strengthening family units and increasing family support networks; and the Maltonomak County (Washington) Health Services Division's program combinin community health nurses and volunteer lay therapists in service delivery to families reported as neglectful or abusive.

**Parent Aide or Respite Care.** Although not specifically aimed at the preventio or treatment of neglect, these approaches are also taken by programs funded under other priority areas. Parent aide or respite care to reduce the incidence of child abuse and neglect will be financed through discretionary grants to the Vermont Family Support Project; the Home Visitors Program of Wilmington, Delaware; Child Abuse Prevention Volunteers, Incorporated, of Denver; Lutheran Social Services' In-Home Respite Care Project in Washington, D.C.; and the Child Protection Respite Care Project in Anchorage, Alaska.

**Use of Private Clinicians for Treatment.** The improvement of services to abusive and/or neglectful families is the ultimate intent of two projects, one in Rhode Island and the other in Norfolk, Virginia, proposing to provide local public CPS agencies with alternative approaches in cases in which the use of private clinicians is preferred.

**Advanced Training To Assist CPS in Service Delivery.** Professional training in multidisciplinary techniques to assist CPS workers in the identification, prevention, and/or treatment of child abuse and neglect will be fostered by four discretionary grant programs. These include State Education Department projects for training teachers, school nurses, counselors, social workers, psychologists, school administrators, or schoolchildren themselves in New York, Michigan, and Colorado and the project of the Children's Medical Services of Tallahassee, Florida, to promote successful multidisciplinary team staffings

**Recruiting Private Sector Volunteers.** A project to recruit volunteers to identify, educate, and treat child abuse has been awarded a discretionary grant in this priority area. This project, sponsored by the Children's Home Society in Miami, Florida, will use the existing Parent-Teachers Association structure and the police to launch a massive volunteer effort to provide the parents of every child enrolled in the Dade County metropolitan public school system with a complete identification packet for their child and to establish a year-long self-protection prevention curriculum for these children.

*Medical Neglect*. At least four State agencies have received State discretionary grant program funds for subjects aimed at preventing and treating the medical neglect of handicapped infants. These so-called "Baby Doe" projects will be established in the District of Columbia, Iowa, Rhode Island, and Maryland.

A related project funded under the discretionary grant program is the Parent-Infant Resource Program (PIRP) of the St. Joseph Medical Center in Wichita, Kansas. Begun in 1982, PIRP will *continue* to provide ongoing health care for intensive/special care newborns and support services for their families throughout 1985.

## Other NCCAN-Sponsored Child Maltreatment Research and Demonstration Projects

*Court Appointed Special Advocates (CASA's)*. The recruitment of volunteers to serve as special advocates or guardians *ad litem* representing maltreated children in court is the focus of 16 discretionary grant projects. Through seed grants, the projects will support recruitment, training, and use of CASA's to serve children and assist courts in Montana, Mississippi, California, Tennessee, Kentucky, Hawaii, Illinois, New Jersey, Indiana, Louisiana, Vermont, Minnesota, and Maine. Some of these projects will focus on providing representation for specific categories of children, such as foster or minority children.

Child protection through law is also the intent of Nevada's State grant program which will develop statewide CPS standards to meet the requirements of the Child Abuse Prevention and Treatment Act as amended in 1984.

*Programs for Special Populations*. Runaway youth will be the focus of two new projects aimed at diagnosing and treating physical and sexual abuse of children in runaway and youth shelters. Cornell University's Department of Human Development and Family Services will conduct such a project for shelters throughout New York State. Training and Evaluation for Adolescent Maltreatment (TEAM) of Athens, Georgia, will provide training for staff of 35 shelters throughout the Southeast.

Adolescents in residential care are also the target of TAKING CARE, a New Jersey project to teach young men from violent homes to be responsible parents and family members, thereby breaking the cycle of abuse.

Military families worldwide will be served by the Military Family Resource Center, which will provide support for these families through information dissemination, model program documentation, and coordination of service delivery.

*Other State Grant Programs*. A variety of special purpose projects will be undertaken by State social service agencies under the State discretionary grant program. Missouri will develop a parenting education program for CPS-client families and others who may benefit. Alaska will print and distribute child abuse and neglect public awareness brochures. Washington will develop, implement, and coordinate a consultation network for addressing child-maltreatment issues.

Colorado and Wisconsin will both address the problem of institutional abuse, the former by training institutional staff in abuse identification and therapeutic crisis intervention, and the latter by evaluating and refining the system for responding to reports of abuse in residential facilities.

Computerized information will be provided under State grants to Alabama and Guam. The funds will be used in Alabama to purchase computer equipment to support the Missing Children's Bureau, and Guam will computerize its central register of child abuse and neglect cases.

## Other Child Abuse and Neglect Research

Ongoing research independently or privately funded, or financed under State or other Federal grant programs, appears to echo many of the same themes sounded in NCCAN-sponsored research, but with less emphasis on exploration of the problems of child sexual abuse. Nonetheless, this body of research also represents a signpost of the direction of efforts to identify, prevent, and treat child abuse and neglect.

### Child Maltreatment, Generally

**Psychosocial Factors: Dynamics of Dysfunction**. The understanding of the forces contributing to family dysfunction has long been an area of research interest. Greenland collected and analyzed data on 168 child maltreatment-related deaths in Canada and Great Britain to learn more about child homicide victims and perpetrators to promote improved strategies for identifying and managing high risk cases.

One of the most prolific principal investigators of the dynamics of family dysfunction is Dr. Sandra Kaplan. With colleagues from the North Shore University Hospital on Long Island, she is examining the psychopathology of physically abused women, mother-child interaction in spouse abuse families, the child rearing practices and other factors in the lives of adolescents who have attempted suicide, the psychological correlates of spouse abuse on children, the psychopathology of abusive and neglectful parents, the psychopathology of child and spouse abusers, the family structure of families abusive toward their adolescents, the mother's personal social network and its relationship to maltreatment, the life events of suburban mothers of maltreated children, and psychiatric illness in families of parents with abused children.

**Effects/Sequelae**. Kaplan and colleagues are also studying the effects of child maltreatment on children and adults abused as children. These studies include one of the ontogeny of parenting behaviors in maltreated children; of physical health variables among maltreated, nonabused children of spouse abusers, and children of nonviolent families; and an examination of the impact, including psychosomatic symptoms, on a child of witnessing family violence. Showers and Pickrell's study of juvenile firestarters is including the possibility of a link between this behavior and child abuse.

**Prevention**. Research on prevention presently being conducted includes Berkeley Planning Associates' evaluation of perinatal child abuse and neglect prevention programs; Ross' child abuse prevention project to provide group training in anger control, child management, and child development to abuse-prone parents;

and Childhelp, the United States' primary prevention project using grandparent aides with high-risk families.

Treatment. Research in progress with implications for child abuse and neglect treatment include Hochstadt and Leifer's project at LaRabida Children's Hospital to analyze factors in regard to foster children, Lichenstein's Home Based Services Evaluation, Savage's Empirical Derivation of Intake Screening and Nagler with Adnopoz's Family Support Service Study.

## Child Sexual Abuse

Incidence. The Child Sexual Abuse in Marquette County (Michigan) project, with principal investigators Kruckman and Loving, will collect and analyze data on all child sexual abuse cases reported to CPS in that locality from 1976 to 1984.

Dynamics of Intrafamilial Sexual Abuse. The purpose of Phelan's project, Incest: Natural Father and Stepfather Families, is to add to the scientific knowledge base about intrafamilial sexual abuse of children within this society by interviewing men participating in an incest treatment program. Kaplan, Montero, Salzinger, and Pelcovitz are also studying the dynamics of incest in their examination of the psychopathology of parents in father-daughter child sexual abuse cases.

Effects. Mannasino and Cohen are currently studying the incidence, severity, and duration of symptoms of psychological distress in sexually abused children. Herzberger and Tennen's project, Coping with Sexual Abuse Victimization, is seeking to determine mediators of the consequences of child sexual abuse.

Treatment. Faller is investigating the effectiveness of a sexual abuse treatment program, as well as other research questions, with the University of Michigan Interdisciplinary Project on Child Abuse and Neglect.

Prevention. In their project, Sexual Abuse Prevention: Sustaining and Expanding Programs, Plummer and Crisci are currently conducting a survey of leaders of prevention efforts in 27 communities in eight states. The survey requests information on past experiences, present activities, funding, interagency efforts, materials utilized, program difficulties, and future plans.

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